

Name
in
Full

Adam Ault

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

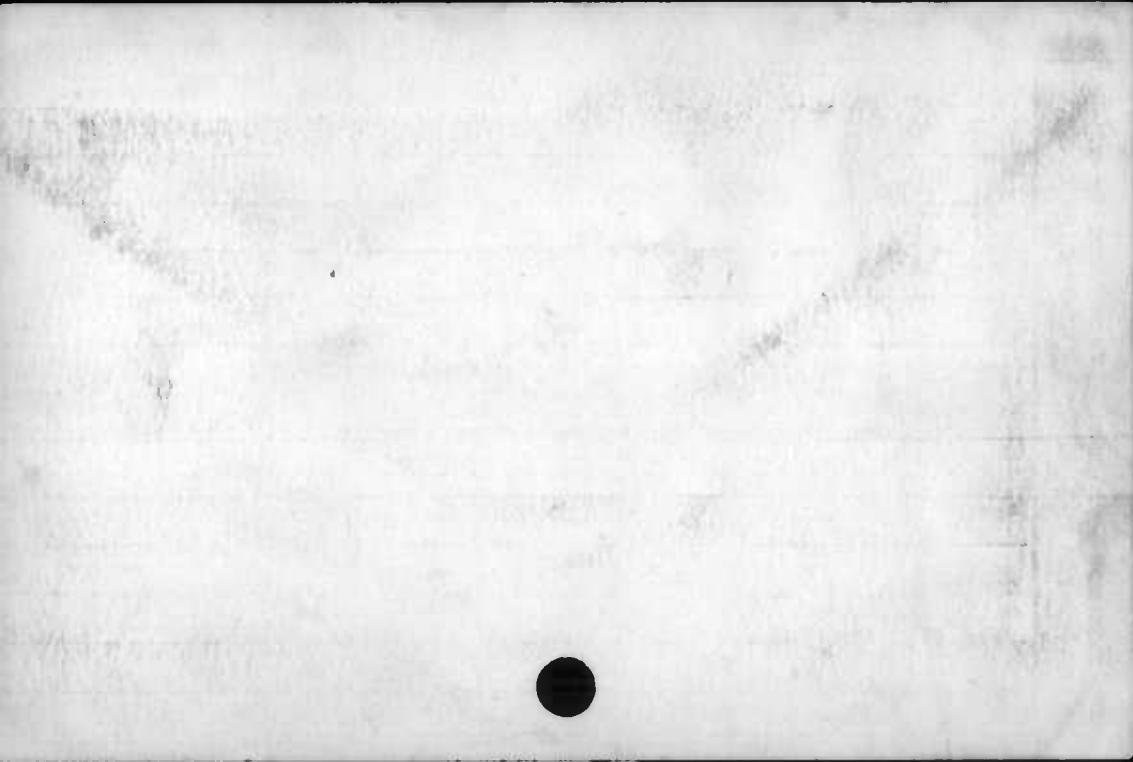
Died at <i>The Two Locks</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>14</i>	Age <i>87</i>	Years	Months <i>11</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>				
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband						
Father's Name <i>William Ault</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Elisabeth Ault</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving information <i>John Ault</i>	How related to deceased <i>son</i>						

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary <i>Pulmonary oedema</i>	How long <i>one month</i>
Immediate <i>Asphyxia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B B Panson M.D.</i>
	Address <i>Harpers Ferry Md Va</i>
Accident or Suicide?	



Name
In
Full

Mary I. Beckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Ernestville ^{County} Wash

MARYLAND

Date of death 190 ^{Month} 9 ^{Day} Mar 29 Age ^{Years} 65 ^{Months} — ^{Days} 19

Sex Female Color or Race White Birthplace Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Samuel Beckley

Father's Name Jacob Hershey Father's Birthplace Md

Mother's Maiden Name Lizzie Young Mother's Birthplace Md

Name of person giving Information Mabel Hershey How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

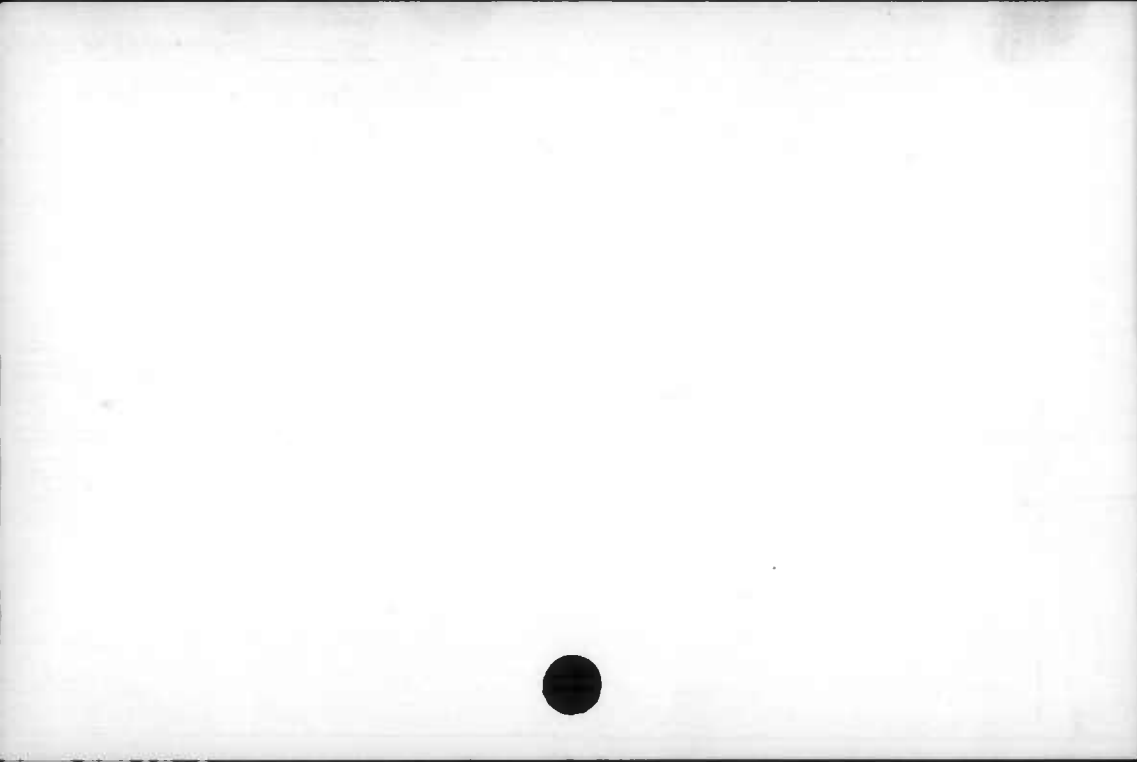
Primary Cerebral Hemorrhage How long 4 days

Immediate Paralysis How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. P. Perry Address Bearspring, Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob P Blank		Town Largo		County Washington		State MARYLAND	
Died at Largo		Month 03		Day 31		Age 80	
Date of death 1909		Months 1		Years 8		Days 27	
Sex Male		Color or Race White		Birth-place Frederick Co			
Occupation School Teacher				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband Elizabeth Blank					
Father's Name John Blank				Father's Birthplace Germany			
Mother's Maiden Name Elizabeth Cross				Mother's Birthplace Germany			
Name of person giving information Elizabeth Blank				How related to deceased Wife			

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis	How long 6 years
Immediate Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. M. Kilmer
	Address Keedysville Md
Accident or Suicide?	

L E Luman & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Mary Elizabeth Bowers

Died at ^{Town} Hagerstown^{County} Wash

MARYLAND

Date of death 1909 ^{Month} 3^{Day} 28 Age ^{Years} 36^{Months} 7^{Days} 3

Sex Female

Color or Race

white

Birth-place

Md.

Occupation

H. W.

Where Residing if not at place of death

Married, Single or Widowed

married

Name of ~~Wife or~~ Husband

Calvin Bowers

Father's Name

Jacob Moore

Father's Birthplace

Md.

Mother's

Meiden Name

Susanne J Lewis

Mother's

Birthplace

"

Name of person giving Information

Calvin Bowers

How related to deceased

husband

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

34 yrs.

Immediate

Exhaustion

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Victor Duwille
Hagerstown Md

Address

Accident or Suicide

no

PHYSICIAN
OR CORONER

C. M. Suter & Son

Name
in
Full

Margaret Brady.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mancock</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Mar.</i>	Day <i>17</i>	Age <i>71</i>	Years <i>1</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Female.</i>	Color or Race <i>White.</i>		Birth-place <i>Wash. Co. Md.</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Did at home.</i>						
Married, Single or Widowed <i>Widowed.</i>	Name of Wife or Husband <i>George H Brady.</i>						
Father's Name <i>Lewis Beard.</i>	Father's Birthplace <i>Germany.</i>						
Mother's Maiden Name <i>Elizabeth Kidwell.</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>Walter E Brady</i>	How related to deceased <i>Daughter</i>						

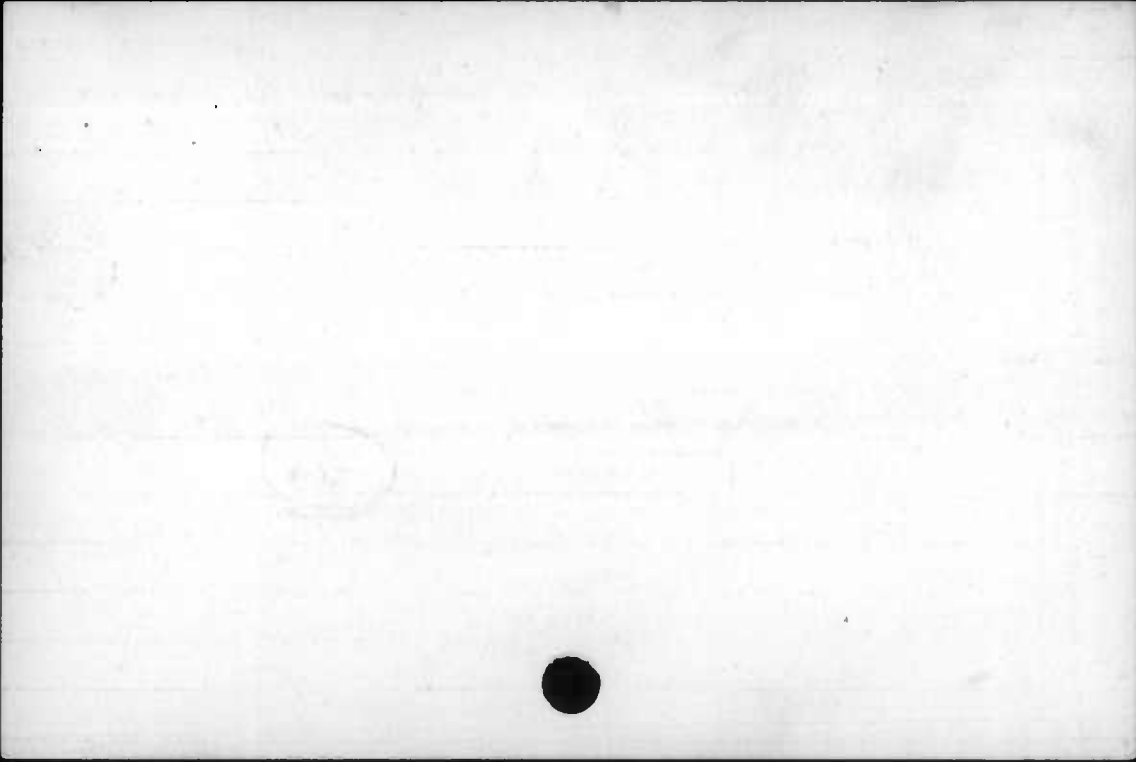
Dr West.

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary <i>Epithelioma of chest.</i>	How long <i>1 year</i>
Immediate <i>Hemorrhage</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. West</i>
	Address <i>Hancock Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Daisy Ellen Brashars

CERTIFICATE OF DEATH

Died at Sharpsburg ^{Town} Washington ^{County} MARYLAND

Date of death 1909 ^{Month} 3 ^{Day} 3 ^{Years} 27 ^{Months} 1 ^{Days} 3

Sex Female Color or Race White Birth-place Sharpsburg

Occupation House Wife Where Residing if not at place of death Sharpsburg

Married, Single or Widowed Married Name of Wife or Husband George W. Brashars

Father's Name John H. Dozmer Father's Birthplace Sharpsburg

Mother's Maiden Name Ida Shaw Mother's Birthplace Sharpsburg

Name of person giving information George Brashars How related to deceased Aunt

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

27

Primary Phthisis Pulmonalis How long About 2 yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. M. Gault

Address Sharpsburg, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

L E Duman & Son

Name
in
Full

Geo M. D. Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1909 ^{Month} 3 ^{Day} 4 Age ^{Years} 63 ^{Months} 6 ^{Days} 2

Sex male Color or Race white Birth-place Md.

Occupation Butcher Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife Susan Brewer

Father's Name Henry Brewer Father's Birthplace Md.

Mother's Maiden Name Elizabeth Schindel Mother's Birthplace "

Name of person giving Information Thomas Brewer How related to deceased son

CAUSES OF DEATH

66

Primary Cerebral Hemorrhage How long 22 hours,

Immediate Paralysis How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

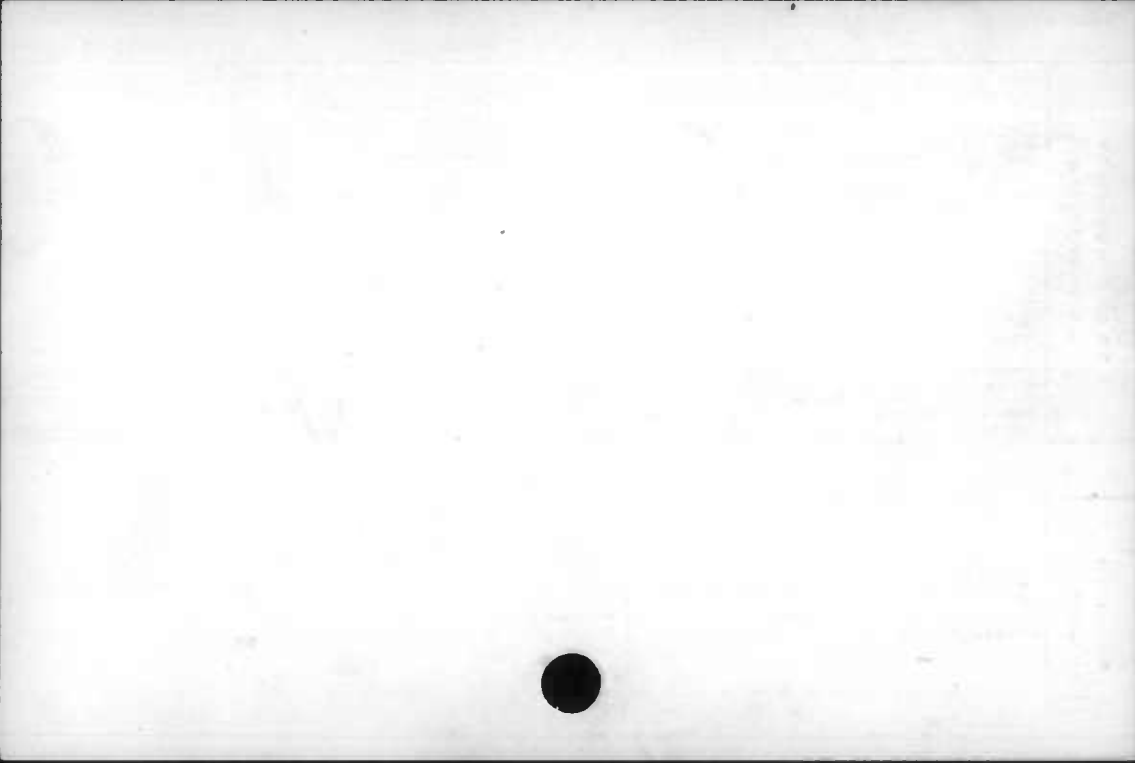
Address

H. L. Kreisley,
Hagerstown,
Md.

Accident or Suicide

No.

PHYSICIAN
OR CORONER



Name
in
Full

Paul Ragan Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at *Hagerstown* County *Wash.* MARYLAND
Date of death 1909 *3* Month *24* Day Age *—* Years Months *6* Days
Sex *male* Color or Race *white* Birth-place *md.*
Occupation *—* Where Residing if not at place of death *—*
Married, Single or Widowed *single* Name of Wife or Husband *—*
Father's Name *Edward Brewer* Father's Birthplace *md*
Mother's Maiden Name *Nora Welsh* Mother's Birthplace *"*
Name of person giving Information *Edward Brewer* How related to deceased *father.*

Castor oil, to which nurse had added one drop of Laudanum.

CAUSES OF DEATH

175

Primery *Narcosis (Opium)* How long *1 1/2 hours*
Immediate *Exhaustion* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. Ragan*
Address *Hagerstown Md.*

Accident *—*

PHYSICIAN
OR CORONER

C. W. Suter & Son

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>David Brogunier</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>24</i>		Years <i>89</i>	
Date of death <i>1909</i>		Month <i>3</i>		Day <i>24</i>		Age <i>89</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Months <i>9</i>	
Occupation <i>Retired Gardener & Truck</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Daniel Brogunier</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth Rohr</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving information <i>Alice Brogunier</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

Coffman
Fox Hill.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles J. Burrell* County *Washington*
Died at *Clear Spring Dist* *Washington* *MARYLAND*
Date of death 190*4* Month *3* Day *9* Age *4* Months *6* Days *12*
Sex *Male* Color or Race *White* Birth-place *Pa*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

One week

Immediate

Exhaustion

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Abraham Shank

Address

*Clearspring
Washington County*

Record of or Cause

8³⁰/_L - 1906 -

Friday 10, a.m.

Name in Full <i>Julia</i>		Town <i>Cherry</i>		County <i>Washington</i>		CÉRTIFICATE OF DEATH	
Died at <i>Not Brier</i>		State <i>MARYLAND</i>					
Date of death <i>1907</i>		Month <i>3</i>	Day <i>17</i>	Age <i>67</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Mad</i>					
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Not Brier</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Wm Cherry</i>					
Father's Name <i>Do not know</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>William Metz</i>		How related to deceased <i>none</i>					
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 20px;">79</div>							
Primary <i>Ages</i>		How long <i>—</i>					
Immediate <i>Mitral Heart Disease</i>		How long <i>8 years</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. Nihiser</i>					
		Address <i>Kendall Md</i>					
<div style="border: 1px solid black; padding: 5px;">Accident or Suicide</div>							

L E Sumner & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Catherine Irene Bordeman*
Died ^{near} *Broadfaring* ^{Town} *Washington* ^{County} *MARYLAND*
Date of death *1909* ^{Month} *3* ^{Day} *25* Age ^{Years} *4* ^{Months} *6* ^{Days} *—*
Sex *female* Color or Race *white* Birth-place *Md.*
Occupation *—* Where Residing if not at place of death *—*
Married, Single or Widowed *single* Name of Wife or Husband *—*
Father's Name *Luther Bordeman* Father's Birthplace *Md*
Mother's Melden Name *Irene Lelever* Mother's Birthplace *..*
Name of person giving Information *Luther Bordeman* How related to deceased *father*

CAUSES OF DEATH

28

Primary *Tubercular Meningitis* How long *16 days*
Exhaustion How long *—*
Immediate
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. C. R. Miller*
Address *State Line Pa*
Accident or Suicide *—*

PHYSICIAN
OR CORONER

C. W. Suter & Son
Broadfording

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

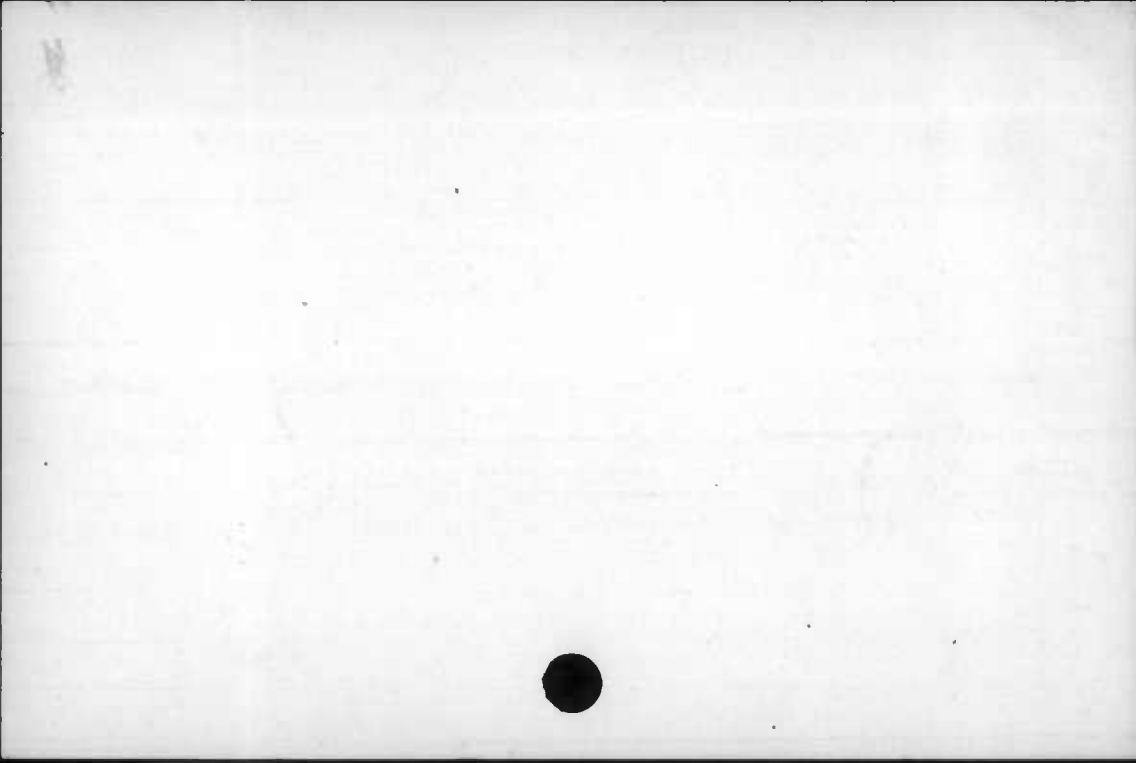
Died at <i>Dean Williams</i> Town		<i>Washington</i> County		MARYLAND		
Date of death	<i>1909</i>	Month <i>3</i>	Day <i>4</i>	Age <i>3-0</i>	Months <i>4</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Huldah Cox</i>				
Father's Name <i>Solomon Cox</i>			Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Sallie Turner</i>			Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Beattie Cox</i>			How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long <i>3 hours</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>U. M. Reicher</i>
<i>yes</i>		Address <i>Fairplay</i>
Resident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

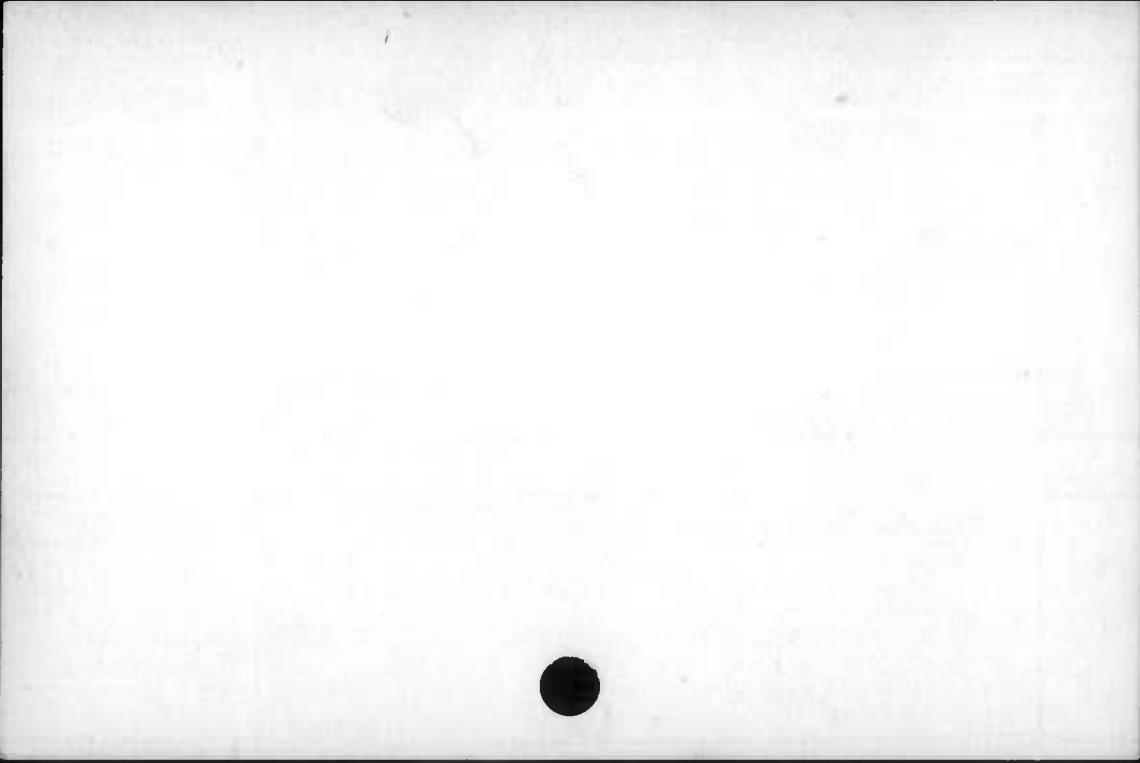
Died at <i>Two Locks</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>March</i> <small>Month</small>	<i>30th</i> <small>Day</small>	Age <i>17</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>19</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Point of Rocks, Md.</i>		
Occupation <i>Canalman & Boatman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Summerfield Cross</i>	Father's Birthplace <i>Fred. Co. Md.</i>		Mother's Birthplace <i>Fred. Co. Md.</i>		
Mother's Maiden Name <i>Batie Pidgeon</i>	Name of person giving information <i>Summerfield Cross</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 yrs.</i>
Immediate <i>Respiratory failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Hodges</i>
	Address <i>Harpers Ferry, W. Va.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ethel Cunningham

Died at *Hagerstown* *Washington* *MARYLAND*

Date of death 1909 *3* *13* *1* *9*

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Child* Where Residing if not at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Coffman
Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

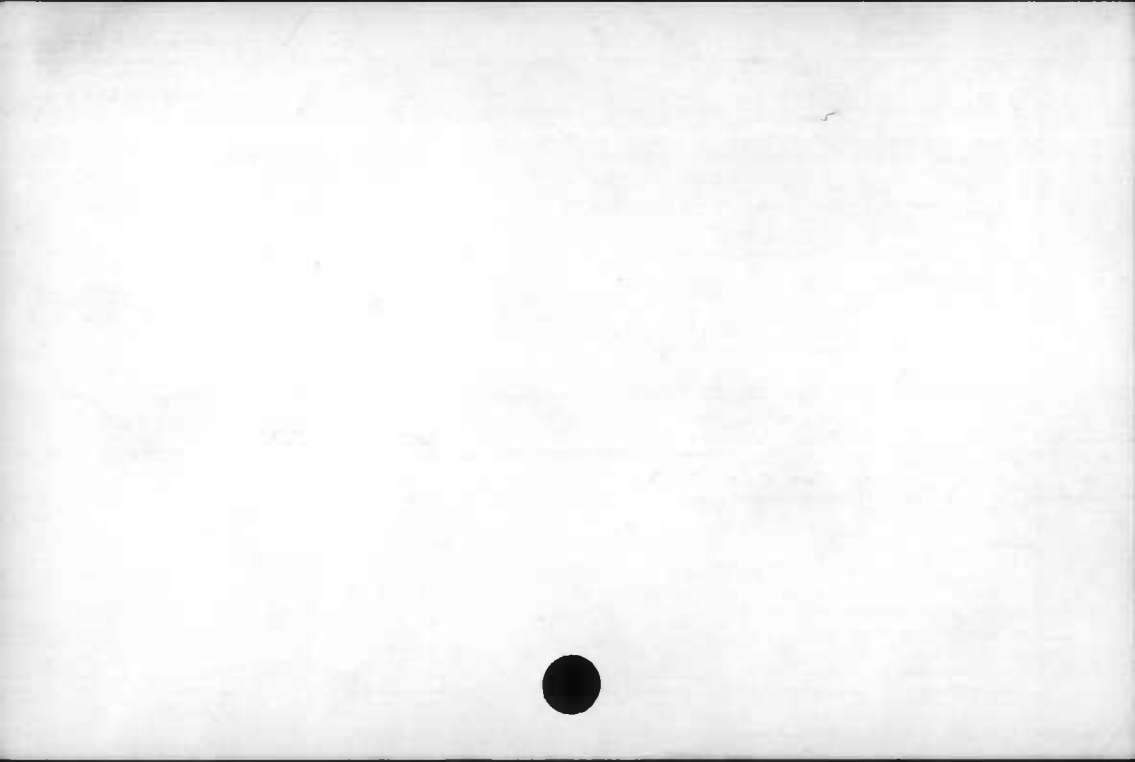
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harold L Davis</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>21</i>		Years <i>—</i>	
Date of death <i>1909</i>		Age <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Davis</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Annie L Snyder</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>—</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Delirium at Birth</i>	How long	<i>—</i>
Immediate	<i>Strangulation</i>	How long	<i>—</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor Stratten</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide <i>yes. accident.</i>			



Name
in
Full

Viola Grace Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

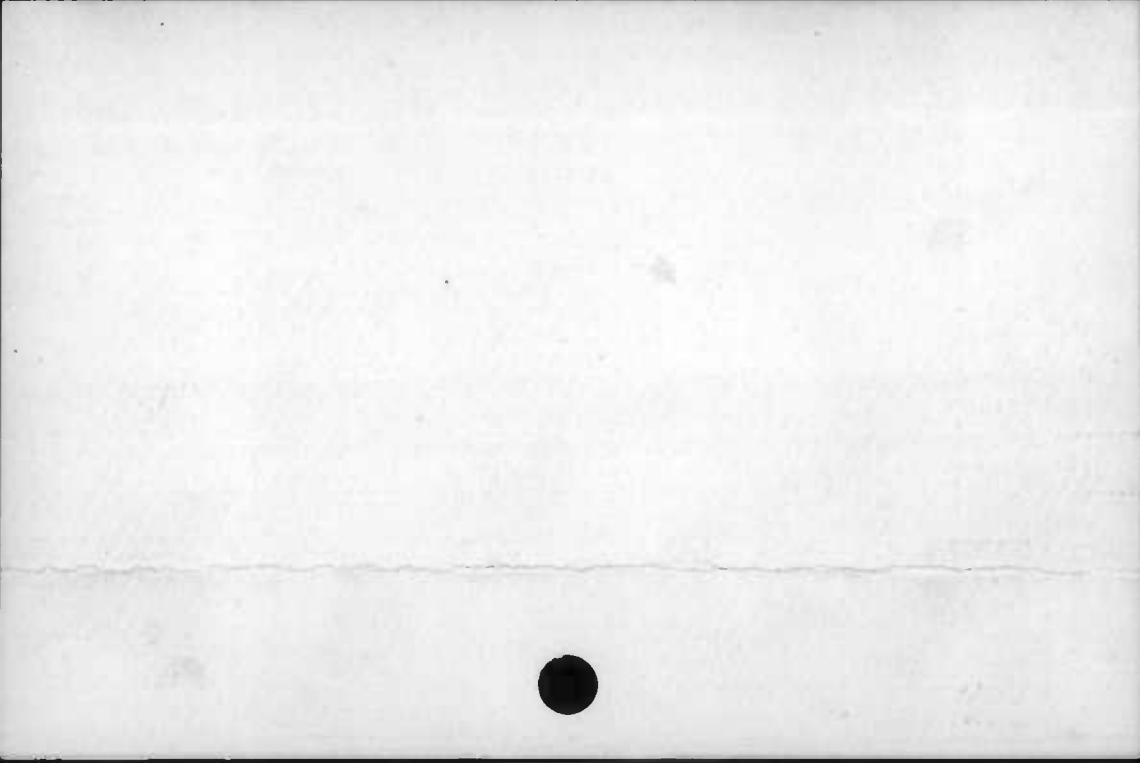
Died at <u>Cascade</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1909</u> ^{Year}	<u>Mar.</u> ^{Month}	<u>16</u> ^{Day}	Age <u>2</u> ^{Years}	<u>11</u> ^{Months}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cascade</u>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name	<u>Henry Winter Davis</u>			Father's Birthplace	<u>Washington Co Md</u>
Mother's Maiden Name	<u>Laura Alice Sturdevant</u>			Mother's Birthplace	<u>Frederick Co Md</u>
Name of person giving information	<u>Henry Winter Davis</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>8 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>C. L. Wachter</u>	
<u>Yes.</u>		Address <u>Sabillasville, Md.</u>	
Accident or Suicide?			



Name in Full Benjamin Diggs.		Town Bissell.		County Wash.		CERTIFICATE OF DEATH	
Died at Bissell.		Month 3		Day 24		Age 75-31	
Date of death 1909		Months -		Days -		MARYLAND	
Sex Male.		Color or Race Colored.		Birth-place			
Occupation Laborer.		Where Residing if not at place of death Bissell. Md					
Married, Single or Widowed Single		Name of Wife or Husband None.					
Father's Name Thomas Diggs		Father's Birthplace Md.					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown.					
Name of person giving information Stover.		How related to deceased					
		CAUSES OF DEATH		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 79 </div>			
Primary Chronic Endocarditis & Nephritis.		How long 31					
Immediate Toxaemia.		How long					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician T. Clinton Smiller, Jr.					
		Address Sagerstown Md					
Accident or Suicide? no							

Coffman
Half Way.

Name in Full		Lousia Dorsey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hagerstown		County Washington		MARYLAND	
	Date of death	1909	Month 3	Day 28	Age 69	Years	Months Days
	Sex	Female		Color or Race	Colored		Birth-place Md.
	Occupation	Domestic			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Frederick Page				Father's Birthplace	Md.
	Mother's Maiden Name	Barah Savage				Mother's Birthplace	Md.
	Name of person giving information	John Williams				How related to deceased	Nephew.
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">79</div>							
PHYSICIAN OR CORONER	Primary	Uncompensated Mitral Insufficiency				How long	3 weeks
	Immediate	Cardiac Failure				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. H. Magauean		
					Address Hagerstown, Md		
Accident or Suicide?		No					

Coffman
Half Mary

Name
in
Full

Almon B. Fish.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County <i>Washington</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>3</i>		Day <i>1</i>		Age <i>about 49</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>N. J.</i>			
Occupation <i>Inv. Salesman</i>		Where Residing if not at place of death <i>Blomfield N. J.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Bettie Fish</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Mrs Suthron</i>		How related to deceased <i>brother in law</i>					

CAUSES OF DEATH

93

Primary <i>Pneumonia</i>		How long <i>6 days</i>	
Immediate <i>Exhaustion</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. A. Warner</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER

Bloomfield N.J.

Name
in
Full

Charles P. Fleagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		1909	Month 3	Day 15	Age Years	Months 1	Days 2
Sex Male		Color or Race White		Birth-place Md.			
Occupation Child		Where Residing if not at place of death					
Married , Single or Widowed		Name of Wife or Husband					
Father's Name Clyde Fleagle		Father's Birthplace Md.					
Mother's Maiden Name Aula L. Smith		Mother's Birthplace Md.					
Name of person giving information Aula L. Fleagle		How related to deceased Mother					

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary Congenital Heart & asphyxia.		How long 1 month.	
Immediate asphyxia.		How long 1 day	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician V. O. Killen Jr.	
		Address Hagerstown Md	
Accident or Suicide? no			

Coffman
Rose Hill.

Name
in
Full

Clara B. Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

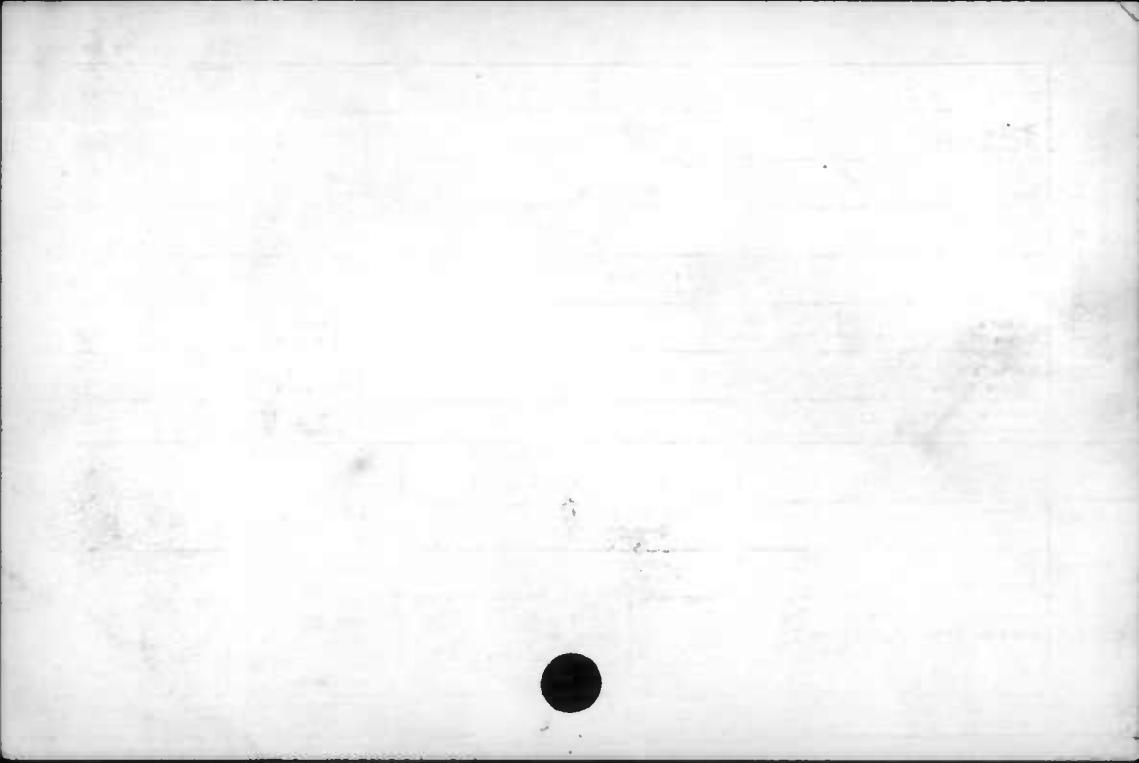
Died at <u>Hancock</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month}	<u>March</u> ^{Day}	<u>19</u> ^{Age}	<u>28</u> ^{Years}	<u>9</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birthplace	<u>Allegheny Co.,</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>Hancock, Md.</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Theodore Fletcher</u>		
Father's Name	<u>Carlton Barnes</u>		Father's Birthplace	<u>Allegheny Co.,</u>	
Mother's Maiden Name	<u>Miss Hardsock</u>		Mother's Birthplace	<u>Allegheny Co.,</u>	
Name of person giving Information	<u>Theodore Fletcher</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary	<u>Coma.</u>		How long	<u>Death was too sudden to investigate</u>
Immediate	<u>It is my opinion that an abortion was attempted.</u>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>A. E. Tabler</u>	
		Address	<u>Hancock, Md.</u>	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		MARYLAND	
Died at		Williamport		Washington			
Date of death		Month	Day	Age	Years	Months	Days
1909		March	4	67		3	3
Sex		Color or Race		Birthplace			
Female		White		Fountaindale, Pa.			
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		F. A. George (Husband)					
Father's Name		Father's Birthplace					
George Seatter		Germany					
Mother's Maiden Name		Mother's Birthplace					
Laura Stover		Fountaindale, Pa.					
Name of person giving information		How related to deceased					
Jessie Rickard		Daughter					
CAUSES OF DEATH							
Primary		How long					
Mitral Regurgitation		Two years					
Immediate		How long					
Acute dilatation		Four days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Ernest H. Gathers					
		Address					
		Williamport					
		Md.					
Accident or Suicide?							

PHYSICIAN
OR CORONER

79

Andrew Coffman
undertaker
Hagerstown Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leitersburg</i>		County <i>Wash.</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>3</i>	Day <i>8</i>	Age <i>78</i>	Months <i>8</i> Days <i>3</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>widower</i>	Name of Wife <i>Mary C Ground (nee Ziegler)</i>				
Father's Name <i>Joseph Ground</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Barbara Reel</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>Miss Maude Ground</i>	How related to deceased <i>daughter.</i>				

CAUSES OF DEATH

Primary *arterio-sclerosis* How long *many years*

Immediate *Encephalitis* How long *Some weeks*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. W. Hummichouse
Hagerstown
Md.

~~Accident or Suicide~~

Leitersburg

Henrichson

Name
in
Full

CERTIFICATE OF DEATH

Died at *Hagerstown* *Wash.* *MARYLAND*

Date of death *1909* *3* *7* *Age* *58* *Months* *Days*

Sex *female* Color or Race *white* Birth-place *md.*

Occupation *H.W.* Where Residing if not at place of death

Married, Single or Widowed *married* Name of ~~Wife or~~ Husband *D. Stewart Hamnaker*

Father's Name *Wm Williamson* Father's Birthplace *md.*

Mother's Maiden Name *Catherine Powell* Mother's Birthplace *md.*

Name of parson giving Information *Wm Hamnaker* How related to deceased *son*

CAUSES OF DEATH

79

Primary *Heart Disease - Organic* How long *Several years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. M. P. Scott
Hagerstown
md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Scott



Name
in
Full

Mrs. Kate A. Hinds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

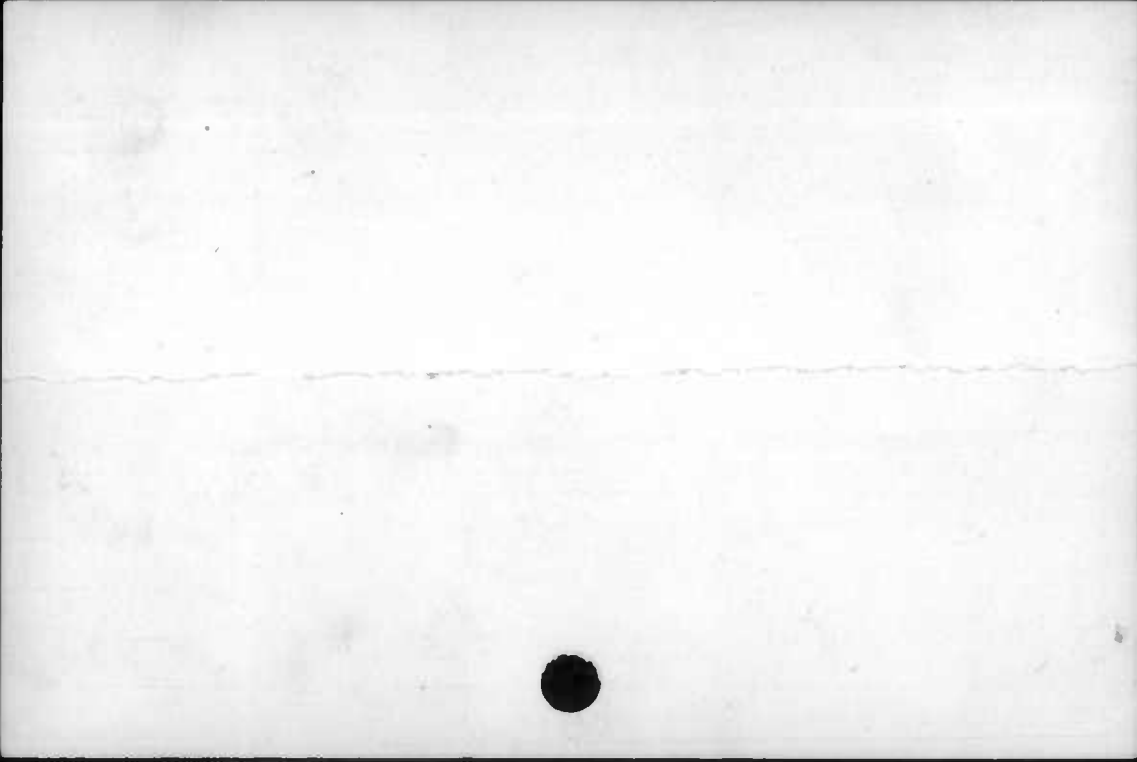
Died at		Town Worreton		County Washington		MARYLAND	
Date of death	1909	Month 3	Day 24	Age 70	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Jared Hinds			
Father's Name	David Cornell					Father's Birthplace	Md.
Mother's Maiden Name	Not Known					Mother's Birthplace	
Name of person giving information	Bertha Sagenhart					How related to deceased	Not

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	General Dropsy	How long	one year
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	J. T. Youstie,		
Address	Brounsville		
	Md.		
Accident or Suicide?			



Name
in
Full

Mrs. Almira Iseninger

CERTIFICATE OF DEATH

Died at Hagerstown Wash. County MARYLAND

Date of death 1909 3 8 Age 30 Months 4 Days 4

Sex female Color or Race white Birth-place Md.
Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband C. E. Iseninger
Father's Name John Ford Father's Birthplace Md.

Mother's Maiden Name Emma Frances Horine Mother's Birthplace "

Name of person giving Information John Ford How related to deceased Father

CAUSES OF DEATH

Primary Cause of Death Shot wound of Chest How long Immediate

Immediate Cause of Death From Anterior

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician M. J. Morrison

Address Hagerstown Md.

Accident or Suicide Homicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Boonsboro

Name
in Full

Charles E. Iseminger

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Wash.
 Date of death 1909 ^{Month} 3 ^{Day} 8 Age ^{Years} 35 ^{Months} ^{Days}

Sex male Color or Race white Birth-place Md
 Occupation mechanic Where Residing if not at place of death

Married, Single or Widowed married Name of Wife Husband Elvira Iseminger
 Father's Name Arthur J. Iseminger Father's Birthplace Md
 Mother's Maiden Name Martha Fisher Mother's Birthplace Md.
 Name of person giving Information Robert Iseminger How related to deceased brother

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

159

Primary Gunshot wound of head How long
 Destroying brain tissue How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. B. Moman
 Address Hagerstown Md

Accident or Suicide Suicide

PHYSICIAN
OR CORONER

Funkstown

Name in Full		Certificate of Death			
Name of Deceased		M. J. Child Jones			
Died at		Town		County	
Hagerstown		Washington		Maryland	
Date of death		Month	Day	Years	Months
1909		3	16	—	42 hours
Sex		Color or Race		Birth-place	
Male		White		Md	
Occupation		Where Residing if not at place of death			
Child		—			
Married, Single or Widowed		Name of Wife or Husband			
Single		—			
Father's Name		Father's Birthplace		Mother's Birthplace	
Albert M. Jones		Md		Md	
Mother's Maiden Name		How related to deceased		—	
Nettie Ribbon		Father		—	
Name of person giving information		—			
Albert M. Jones		—			
CAUSES OF DEATH					
Primary		How long		—	
Congenital Lack of Vitality		42 hrs		—	
Immediate		How long		—	
Respiratory Failure		42 hrs.		—	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		J. H. Dayman		Hagerstown, Md	
Accident or Suicide?		—			

Coffman
Rose Hill.

Name
In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Unstable Condition of R. E. Jones

CERTIFICATE OF DEATH

Died at *Hagerstown* ^{Town} *Wash.* ^{County} **MARYLAND**

Date of death **1908** ^{Month} *3* ^{Day} *7* ^{Years} *—* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Hagerstown*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Richard E. Jones* Father's Birthplace *Ind.*

Mother's Maiden Name *Annie E. Meyer* Mother's Birthplace *Minnesota*

Name of person giving information *Richard E. Jones* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born* *(S)* How long *✓*

Immediate *..* *..* How long *✓*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. Preston Miller*

Address *Hagerstown Ind.*

Accident or Suicide? *—*

SK Lowman

Name
in
Full

Paul. Kendal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

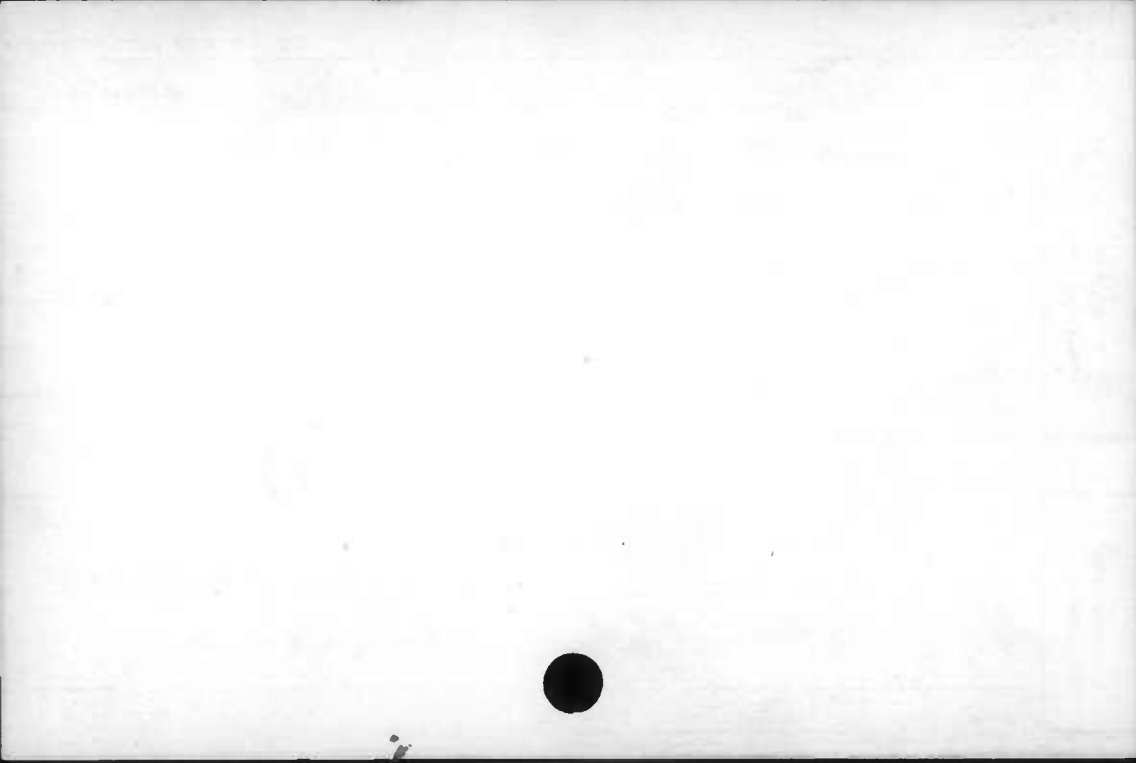
Died at		Town Pleasant Valley		County Washington		MARYLAND	
Date of death		1909	Month 3	Day 19	Age 2	Months 11	Days 3
Sex Male		Color or Race White		Birth-place Pleasant Valley			
Occupation none		Where Residing if not at place of death Pleasant Valley					
Married, Single or Widowed Single		Name of Wife or Husband Paul. Kendal					
Father's Name J. M. Kendal		Father's Birthplace Pleasant Valley					
Mother's Maiden Name Martha Kulm		Mother's Birthplace Warfield, Md.					
Name of person giving Information J. M. Kendal		How related to deceased Father					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	Membranous Erysip.	How long	1 Day
Immediate	Membranous Erysip.	How long	1 Day
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician Dr. M. K. Kefauver	
		Address Smithsburg Maryland	
Accident or Suicide			



Name
in
Full

Ellen E. Krefps.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1909	Month March	Day 21	Age	81	Months 11
Sex		female		Color or Race		white	
Occupation		Housekeeper		Where Residing if not at place of death		Hagerstown, Md	
Married, Single Widowed		Name of Wife or Husband		M. H. Krefps Dec 2			
Father's Name		Johnathan Cramer				Father's Birthplace	
Mother's Maiden Name		Margaret Rose				Mother's Birthplace	
Name of person giving Information		J. F. Krefps				How related to deceased	
						Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Parelysis	How long	nine months
Immediate	Paralysis	How long	on day of death
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	Dr. S. I. Leshner
		Address	Williamsport Md
Accident or Suicide			

J. F. Krebs assisted by A. K. Coatsman
Undertaker
Hag Md
H

Mar. 23.09

interment in Riverview Cemetery
Williamsport
Md

Name
In
Full

Florence E Krouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smithsburg</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1909	Month	3	Day	13
Age	36	Years		Months	4
Sex	Female	Color or Race	white	Birthplace	Smithsburg
Occupation	None	Where Residing if not at place of death		Smithsburg	
Married, Single or Widowed	Single	Name of Wife or Husband		Florence E Krouse	
Father's Name	Daniel J. Krouse		Father's Birthplace	Smithsburg	
Mother's Maiden Name	Annice E. Stonebraker		Mother's Birthplace	Hagerstown	
Name of person giving Information	W. J. Krouse		How related to deceased	Brother	

CAUSES OF DEATH

Primary	<u>Typhoid Fever</u>	How long	<u>one week</u>
Immediate	<u>Heart Failure</u>	How long	<u>3 days</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

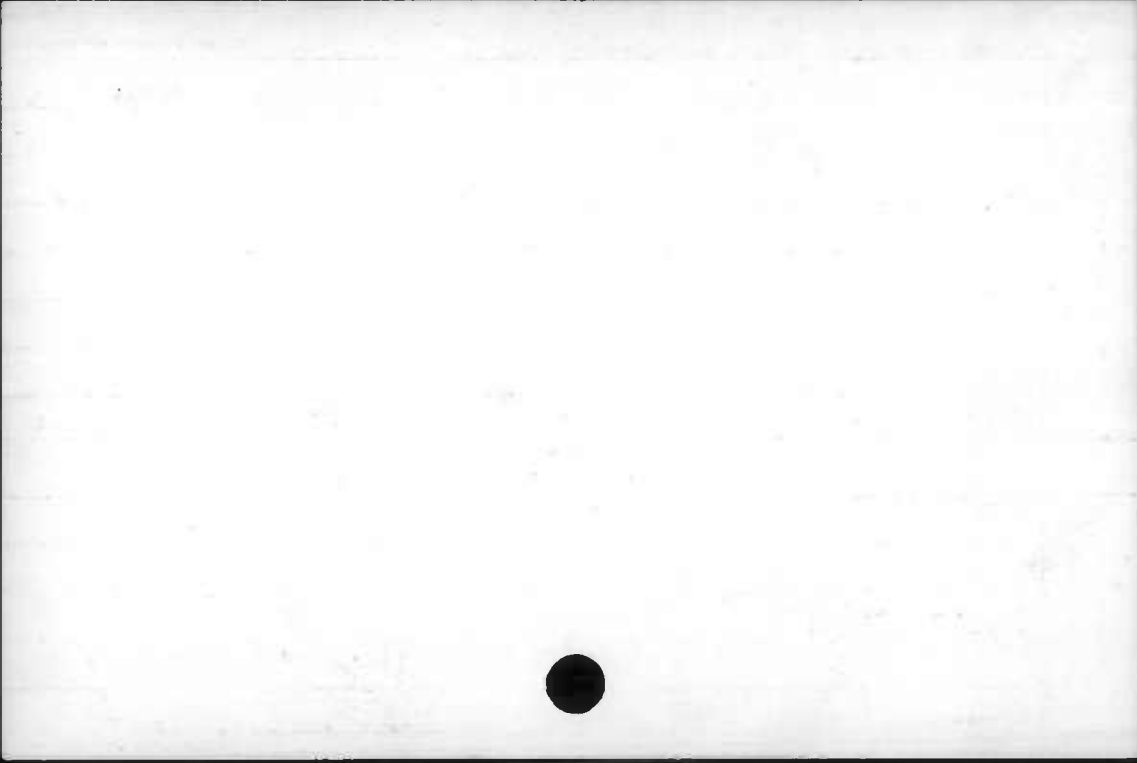
Address

Dr. M. D. Krouse
Smithsburg
Maryland

Accident or Suicide

PHYSICIAN
OR CORONER

6



Name
in
Full

Mr Annie E. Leppay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1909</i> ^{Month}	<i>8</i> ^{Day}	Age <i>74</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>W Va</i>		
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>George W. Leppay</i>				
Father's Name <i>Michael Paul</i>	Father's Birthplace <i>W Va</i>		Mother's Birthplace <i>W Va</i>		
Mother's Maiden Name <i>Mary Elizabeth Wymall</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>James Paul</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Lebrippe</i>	How long <i>See days</i>
Immediate <i>Exhaustion</i>	How long <i>See days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. B. Doyle M.D.</i>
Address <i>Hagerstown Etc</i>	
Accident or Suicide?	

Coffman
Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

David Long of D

Died at near Hagerstown Washington County

MARYLAND

Date of death 1909 3 20 Age 80 Months 2 Days 19

Sex Male Color or Race White Birth-place Pa

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Susan Royer

Father's Name David Long Father's Birthplace Pa

Mother's Maiden Name Mary Smith Gletten Mother's Birthplace Md

Name of person giving information Harry Long How related to deceased Son

CAUSES OF DEATH

79

Primary Heart & Liver trouble about one yr
Immediate E. H. Austin a short while

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. H. Austin

Address Hagerstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Wm. H. Hill
Rose Hill

Name
in
Full

Mary Eliza Long

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
1909		Mar		14		Age 79.	
Date of death		Month		Day		Years	
Sex		Color or Race		Birthplace		Days	
Female		White		Beaver Creek Md		11. 26.	
Occupation		Where Residing if not at place of death					
Miller							
Married, Single or Widowed		Name of Wife or Husband					
Widow		John Long					
Father's Name		Father's Birthplace					
Edi Walling		Don't know					
Mother's Maiden Name		Mother's Birthplace					
Eliza Walling		"					
Name of person giving Information		How related to deceased					
J. W. Long		Son					

CAUSES OF DEATH

Primary	Myocardial Degeneration.	How long	Two years.
Immediate	Acute dilatation heart	How long	Five minutes.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Dr. N. H. H. H. H.	
		Address	
		Williamsport.	
Accident or Suicide			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J. F. Kreps.

Undertaker

Interment in

River View Cemetery

Washington Co. Md.

Name
in
Full

Helen Pauline Lucas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1909 ^{Month} 3 ^{Day} 6 Age ^{Years} - ^{Months} - ^{Days} 4

Sex Female Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

James A Lucas

Father's
Birthplace

Md

Mother's
Maiden Name

Margaret Anckerbee

Mother's
Birthplace

Md

Name of person giving
Information

James A Lucas

How related
to deceased

Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Non-development - of Bile duct -

How long

Immediate

Insufficient development + Heart things

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. H. McIsley

Address

Hagerstown, Md.

Accident or Suicide?

Letty
Rose Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Frank E Martz</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1909</i>		Month <i>3</i>		Day <i>13</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>11</i>		Years <i>11</i>	
Occupation <i></i>		Birth-place <i>Md.</i>		Where Residing if not at place of death <i></i>		Days <i>24</i>	
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Elmer G. Martz</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Lillie D. Greenwalt</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Elmer G. Martz</i>		How related to deceased <i>Father</i>					

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Measles Complicated by Catarrhal Pneumonia</i>		How long <i>9 days</i>	
Immediate Cause of Death <i>Cardiac Failure</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>	
Accident or Suicide? <i></i>		Address <i>Hagerstown, Md</i>	

Coffman
Row Hill.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Luther C. Martz*

Town *Hagerstown* County, *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1909* *3* Month *11* Day *4* Years *5* Months *9* Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceasedPHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

Coffman
Rose Hill.

Name
in
Full

Christian P. Mentzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wmport		County Washington		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	22	84		1	5
Sex		Color or Race		Birth-place			
Male		White		Leitersburg Wash. Co			
Occupation		Where Residing if not at place of death					
Farmer		Williamport					
Married, Single or Widowed		Name of Wife or Husband					
		Mary M. Mentzer					
Father's Name		Father's Birthplace					
John. Mentzer		Don't know					
Mother's Maiden Name		Mother's Birthplace					
Mrs. Beaver		" "					
Name of person giving information		How related to deceased					
Mrs. Nettie Lefevre		Daughter					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long	do not know
Immediate	How long	immediate
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	D. B. L. Lasher	
	Address	Williamport Md
Accident or Suicide?		

Feb 2

J. M. Miller
Ypsopent
under Lake
Lo St Pauls
Leemety

Name
in
Full

CERTIFICATE OF DEATH

Douglas H. Morgan
Town County

MARYLAND

Died at Hagerstown Wash.

Date

of death

1909

Month

3

Day

8

Years

Age 30

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

R.R. brakeman

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Bessie Morgan

Father's
Name

Jeremiah Morgan

Father's
Birthplace

Md

Mother's
Maiden Name

Rebecca Mounts

Mother's
Birthplace

Ky

Name of person giving
Information

Clarence W. Morgan

How related
to deceased

brother

CAUSES OF DEATH

Primary

Gun shot wound of chest
Swelling arteries

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. J. Monson

Address

Hagerstown Md.

Accident or Suicide

Homeade

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

176

Manor Blinch

Name in Full		HARRY H. MORGAN				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Boseshoro		Washington		MARYLAND		
	Date of death	1909	March	21	Age	72	Months 7 Days 22	
	Sex	Male		Color or Race	White		Birth-place	Maryland
	Occupation	Farmer		Where Residing if not at place of death				Boseshoro Md.
	Married, Single or Widowed	Married		Name of Wife or Husband				Annice E. Morgan
	Father's Name	James Morgan				Father's Birthplace	Maryland	
	Mother's Maiden Name	Mary Giffenberger				Mother's Birthplace	Maryland	
	Name of person giving information	Annice E. Morgan				How related to deceased	Wife	
<div>CAUSES OF DEATH</div> <div>66</div>								
PHYSICIAN OR CORONER	Primary	Paralysis (Right Side)				How long	1 1/2 years.	
	Immediate	Exhaustion, Heat Prostration				How long	2 days.	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
					J. Hubert, M.D., Md. Boseshoro, Md.			
Accident or Suicide?		No						

Burning + Boast

Mudtattles

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Leonard Moonshamer, Town Hagerstown, County Washington, MARYLAND

Died at Hagerstown Washington

Date of death 1909 Month 3 Day 15 Age 2 Months 21 Days

Sex Male Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Earl Barnan

Father's Birthplace

Ga. Tenn

Mother's Maiden Name

Medelia Moonshamer

Mother's Birthplace

Md

Name of person giving Information

"

"

How related to deceased

Mother

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

2 mon

Immediate

Exhaustion

How long

1 mon

Are the name, age, sex, color, date and place correctly given above?

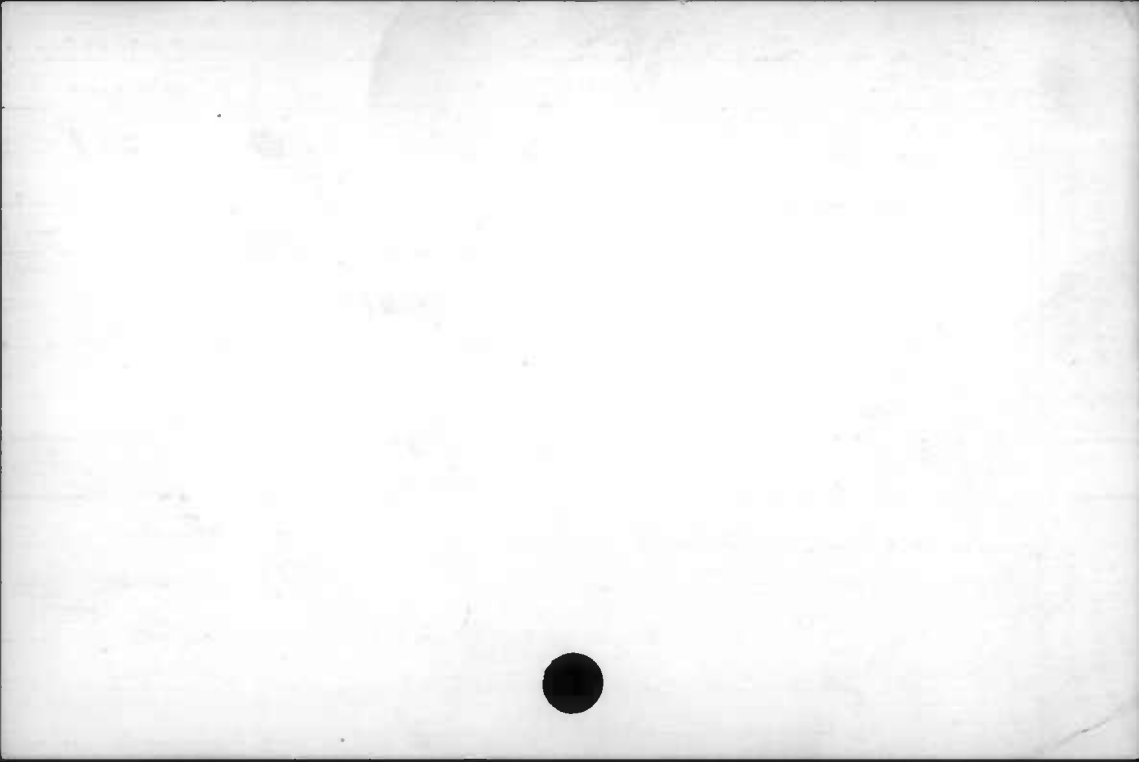
yes

Signature of Physician

Address

J.E. Fitzmaurice D.O.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant child of Howard & Daisy
Keldysville Wash County MARYLAND

Died at Keldysville Wash County MARYLAND

Date of death 1907 March 29 Age 0 Years 0 Months 1 Days

Sex Female Color or Race white Birth-place Keldysville

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Howard C. Myers Father's Birthplace Keldysville

Mother's Maiden Name Daisy Streecher Mother's Birthplace Fairbury

Name of person giving Information John B. Clark How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

unknown

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

D. H. Gardner

Address

Accident or Suicide

John Clark

R.F. 2 10 2

Geedysville

Ind

Name
in
Full

Catherine Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sharpsburg</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month	<u>3</u>	Day	<u>29</u>
Age		<u>29</u>		Years	<u>—</u>
Sex		<u>Female</u>		Color or Race	<u>White</u>
Occupation		<u>None</u>		Birth-place	<u>Sharpsburg</u>
Where Residing if not at place of death		<u>—</u>			
Married Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Howard Myers</u>		Father's Birthplace	<u>Perryville</u>
Mother's Maiden Name		<u>Maisy Springer</u>		Mother's Birthplace	<u>Washington</u>
Name of person giving information		<u>Howard Myers</u>		How related to deceased	<u>Half brother</u>

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary	<u>Hemorrhage from lungs & stomach</u>	How long	<u>a few hours</u>
Immediate	<u>Hemorrhage</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>D. Howell Gardner</u>	
		Address	
		<u>Sharpsburg Md</u>	
Accident or Suicide?			

L E Dummer & Son

Name
in
Full

No name still born Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leinburg</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	1909	Month	Mar	Day	6th
Age	Stillborn	Years		Months	
Sex	Male	Color or Race	White	Birth-place	
Occupation			Where Residing if not at place of death	<u>Leinburg</u>	
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<u>Benjamin Myers Jr</u>			Father's Birthplace	<u>My Run Md</u>
Mother's Maiden Name	<u>Mittie Leiner</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving Information	<u>Ben E Myers Jr</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Asphyxia</u>	How long	<u>8</u>
Immediate	<u>Asphyxia</u>	How long	<u>Immediately</u>
Are the name, age, sex, color, data and place correctly given above?	<u>Yes</u>		
Accident or Suicide	<u>No</u>		
Signature of Physician	<u>Dr E. H. Stearns</u>		
Address	<u>Stillborns fast road</u>		

No Undertaker

Name in Full Jacob H. Myers		CERTIFICATE OF DEATH	
Died at Annapolis ^{Town} Washington ^{County}		MARYLAND	
Date of death	1909	Month	3
Day	23	Age	80
Months	3	Days	2
Sex	Male	Color or Race	White
Birth-place	Md.		
Occupation	Retired farmer.	Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Summers
Father's Name	John H. Myers	Father's Birthplace	Md.
Mother's Maiden Name	Mary Myers	Mother's Birthplace	Md.
Name of person giving information	Harvey Myers	How related to deceased	Son.
CAUSES OF DEATH			
Primary	General break down.	How long	154
Immediate	Suffocation due to heart failure.	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. M. Hoffmeier
		Address	17 W. Wash St
Accident or Suicide?			Annapolis Md

Off near
Kuyetto.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Richard Neff</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>7</i>		Years <i>—</i>	
Date of death <i>1909</i>		Age <i>—</i>		Months <i>—</i>		Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert Neff</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Therese Neukirch</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Richard Neff</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Not known</i>	How long	<i>7/</i>
Immediate	<i>Convulsions</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Theo Boase</i>
		Address	<i>Hagerstown, MD</i>
Accident or Suicide?	<i>—</i>		

Colman
Broadfording

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

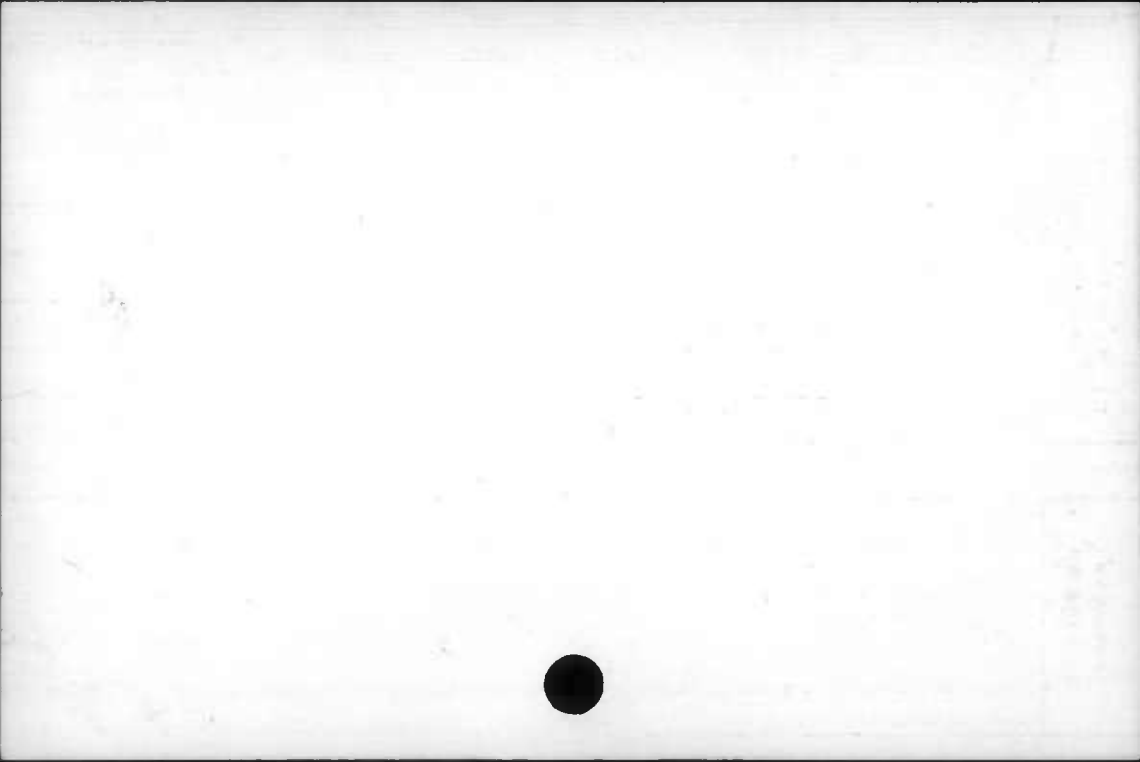
Died at <i>Smithsburg</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death 1909		Month 3 rd		Day 17 th		Age 64		Years 1	
Sex Male		Color or Race White		Birth-place Smithsburg		Months 1		Days 10	
Occupation Farmer				Where Residing if not at place of death Smithsburg					
Married, Single or Widowed Married		Name of Wife or Husband Sarah Susan Beard							
Father's Name Jacob Newcomer				Father's Birthplace Smithsburg					
Mother's Maiden Name Leah Beard				Mother's Birthplace Smithsburg					
Name of person giving Information Keller, J. Beard				How related to deceased Brother in Law					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Accident by gun shot		How long Immediately	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Ferguson, M.D.	
		Address Register Smithsburg Md	
Accident or Suicide accident by gun shot			



Name
in
Full

Chas. E. Niekirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad et	^{Town} Boonsboro	^{County} Washington	MARYLAND				
Date of death	1909	^{Month} March	^{Day} 3	^{Age} 61	^{Years} —	^{Months} —	^{Days} —
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Butcher		Where Residing if not at place of death		Boonsboro		
Married, Single or Widowed	Married	Name of Wife or Husband	Wilhelmina Wallis				
Father's Name	John Niekirk			Father's Birthplace	Maryland		
Mother's Maiden Name	Susan Michael			Mother's Birthplace	Maryland		
Name of person giving Information	Wilhelmina Niekirk			How related to deceased	Wife		

CAUSES OF DEATH

Primary	Apoplexy	How long	64	Immediate
Immediate	Pulmonary Congestion	How long		Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide		S. S. Davis Boonsboro		

PHYSICIAN
OR CORONER

Brunnig & Bart
Mundestetter

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gladys Ovelman</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>1909</i>		<i>3</i>		<i>30</i>		<i>5</i>	
Month		Day		Years		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death					
Married Single		Name of Wife or Husband					
Father's Name <i>Frederick Ovelman</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Mollie Bond</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving information <i>Mollie Ovelman</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>One week</i>
Immediate	<i>Syncope</i>	How long	<i>One day</i>
Are the name, age, sex, or date and place correctly given above? <i>yes.</i>		Signature of Physician <i>J. S. Laughlin</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide?			

Coffman

Name
in
Full

CERTIFICATE OF DEATH

Addie S. Rice

Town

County

~~MARYLAND~~

Died at

Looseytown

Franklin

Date

of death 1909

9

Month

March

Day

6

Age

Years

Months

3

Days

Sex

Female

Color or
Race

white

Birth-
place

Looseytown

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Victor D Rice

Father's
Birthplace

Mother's
Maiden Name

Elizabeth Rice

Mother's
Birthplace

Name of person giving
Information

John Rice

How related
to deceased

Grand-father

CAUSES OF DEATH

Primary

Metastatic Pneumonia

How long

8 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Victor L. Muller M.D.

Address

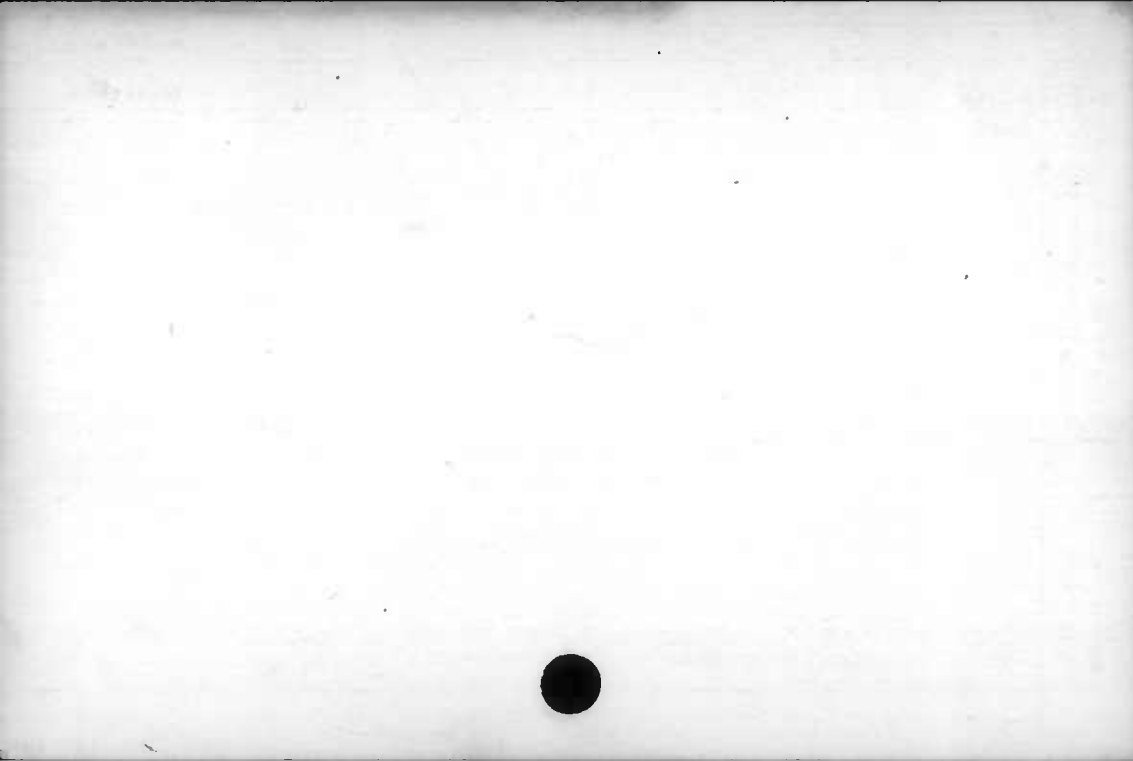
Mason & Dixon

Pa.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Harry B Rohrer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

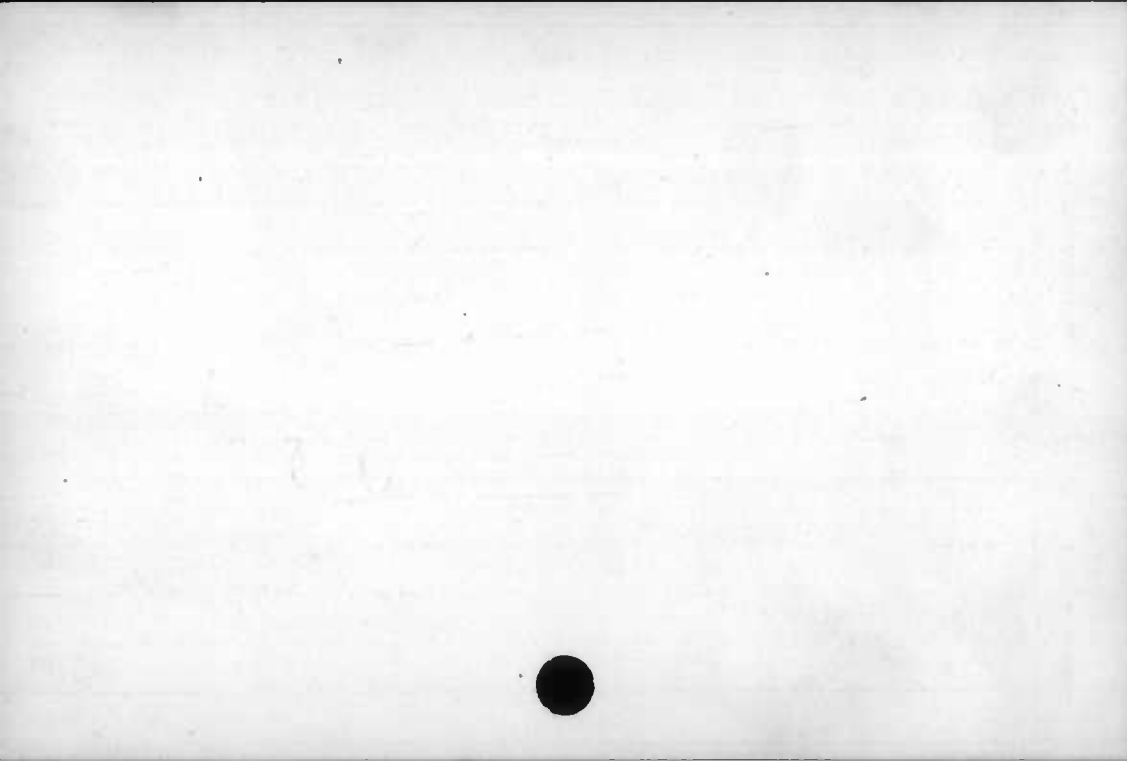
Died at <i>Rohersville</i> ^{Town} <i>Ind</i> ^{County} <i>Warr</i>		MARYLAND					
Date of death	<i>1909</i>	Month <i>3</i>	Day <i>15</i>	Age <i>34</i>	Years <i>34</i>	Months <i>9</i>	Days <i>11</i>
Sex <i>m</i>	Color or Race <i>white</i>		Birth- place <i>same</i>				
Occupation <i>farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Bertha Rohrer</i>					
Father's Name <i>H Clay Rohrer</i>				Father's Birthplace <i>Rohersville</i>			
Mother's Maiden Name <i>Sophie Rohrer</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Dr. Baker</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Head crushed by stone from blast,</i>	How long <i>300 yds distant.</i>
Immediate <i>accident</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. D. Baker.</i>
	Address <i>Rohersville</i>
Accident or Suicide?	<i>Maryland</i>



Name
in
Full

Walter H. Rooney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Indian Spring* County *Washington* **MARYLAND**

Died at

Date of death *1909* Month *March* Day *7* Age *17* Years Months *3* Days *14*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Immediate

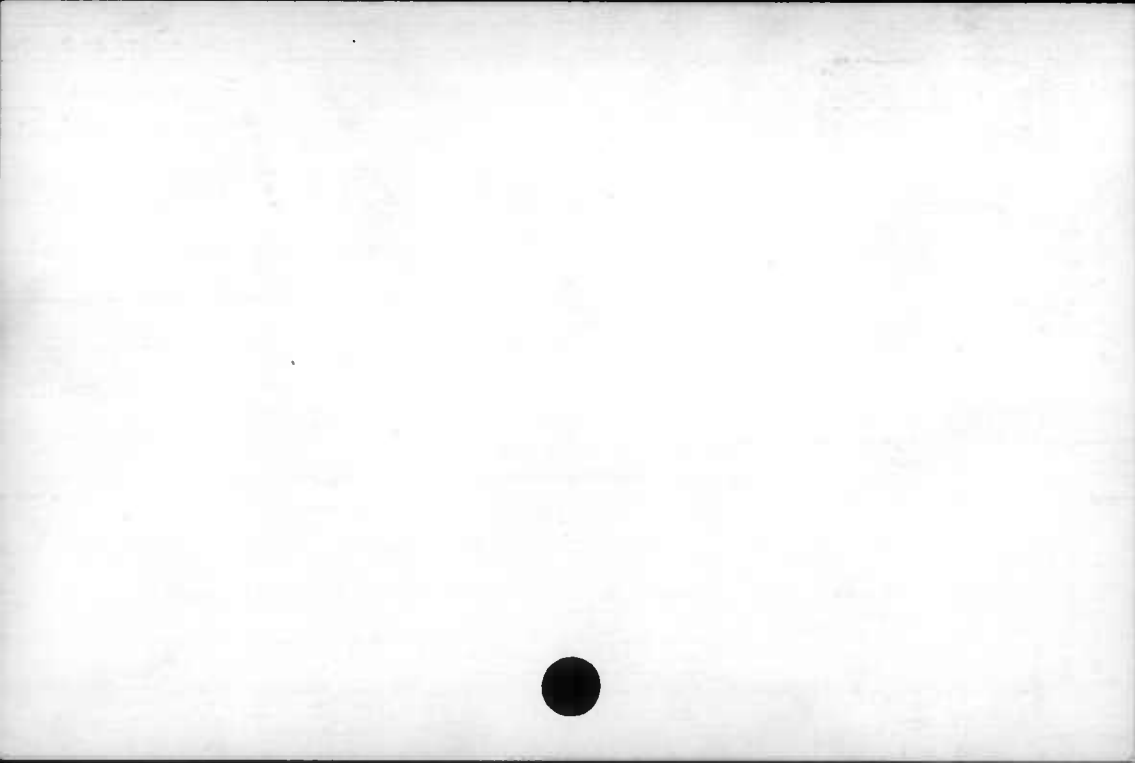
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

*Croupous Pneumonia**Heart Failure**Yes**J. P. Perry*
Clearspring, Md.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Mar</i>	Day <i>20</i>	Age <i>63</i>	Years <i>63</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Campbellville, K.Y.</i>		
Occupation <i>Supt. Natl. Cemetery</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henrietta S. Russell</i>				
Father's Name <i>Hiram Russell</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>Elizabeth Vaughan</i>	Mother's Birthplace <i>Taylor Co. K.Y.</i>				
Name of person giving information <i>V. Dean Russell</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

66

Primary	<i>Paralysis - Complete</i>	How long <i>about 48 hours</i>
Immediate	<i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>C. Harold Gardner</i>
		Address <i>Sharpsburg, Md</i>
Accident or Suicide?		

Phas. S. Wade
undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Tilora Elizabeth Sheffler

Town

County

Died at

Ringgold

Washington

MARYLAND

Date

of death

1907

Month

March

Day

20

Years

Age

Months

1

Days

27

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jacob Sheffler

Father's
Birthplace

Penna

Mother's
Maiden Name

Saisy Gentmire

Mother's
Birthplace

Penna

Name of person giving
Information

Jacob Sheffler

How related
to deceased

Father

CAUSES OF DEATH

90

Primary

Bronchitis & marasmus.

How long

1 week.

Immediate

"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

O.D. Hoover.

Waynesboro,

Pa.

Accident or Suicide

PHYSICIAN
OR CORONER

1. 2/3. 3. 4. 5.



Name
in
Full

Ernest E Shindle

Pa

CERTIFICATE OF DEATH

TO BE ANSWERED BY -
NEAREST FRIEND

Died at <i>Millers</i>		County <i>Harrington Co</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>mar</i>	Day <i>2</i>	Age <i>0</i>	Years <i>4</i>	Months <i>6</i>
Sex <i>male</i>	Color or Race <i>W</i>		Birth-place <i>Millers</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Harry E Shindle</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Celia Weagly</i>			Mother's Birthplace <i>Penna</i>		
Name of person giving information <i>Harry E Shindle</i>			How related to deceased <i>father</i>		

A R B newbaker

CAUSES OF DEATH

Primary	<i>Multiple Abscess</i>	How long	<i>2 Months</i>
Immediate	<i>Cerebral Abscess</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E. M. W. Langley</i>
		Address	<i>Harrington Pa</i>
Accident or Suicide?		<i>W</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Isabel Susan Shives

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Mooreville* ^{County} *Washington* **MARYLAND**

Date of death *1909* ^{Month} *Mar.* ^{Day} *11* ^{Years} *55* ^{Months} *10* ^{Days} *13*

Sex *Female* Color or Race *white* Birth-place *Mooreville*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Thomas Shives*

Father's Name *Denton Beard* Father's Birthplace *Millstone Md*

Mother's Maiden Name *Marriack Beard* Mother's Birthplace *" "*

Name of person giving information *John E. Shives* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* ^{How long} *20 day*

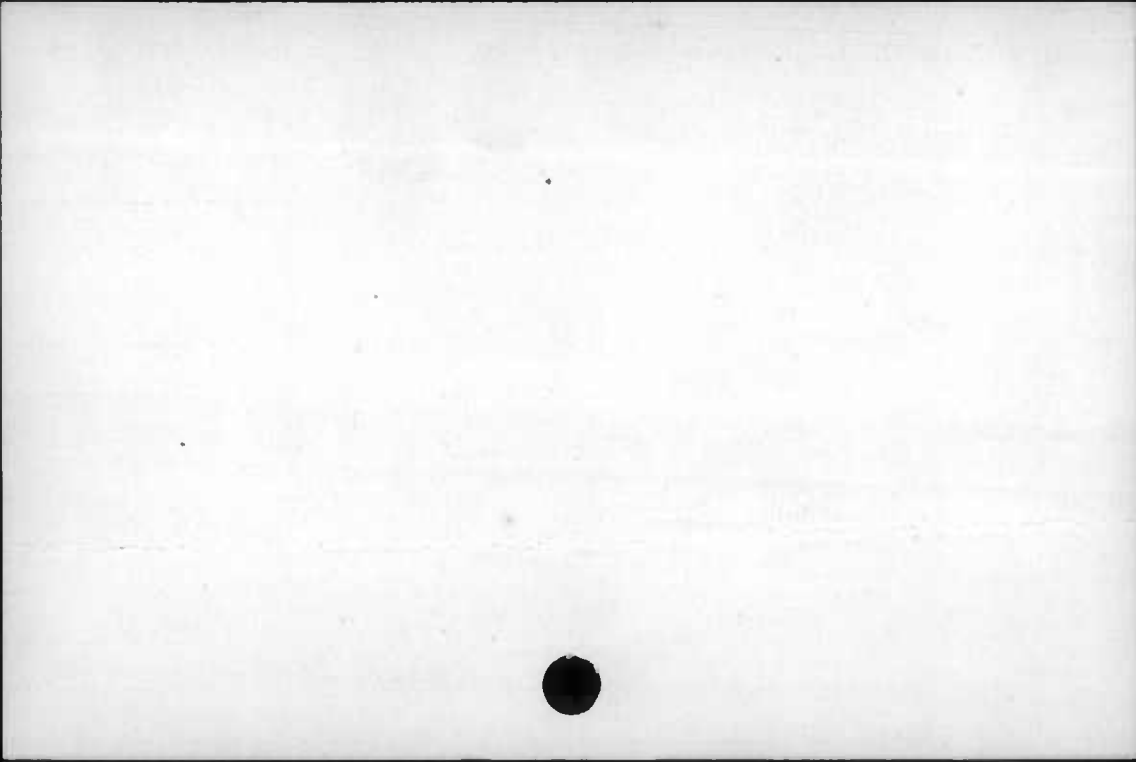
Immediate ^{How long}

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. B. Hull Sub. Registrar*

Address

*Big Park
Wash. Co -*

Accident or Suicide?



Name
in Full

Theodore Shoemaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

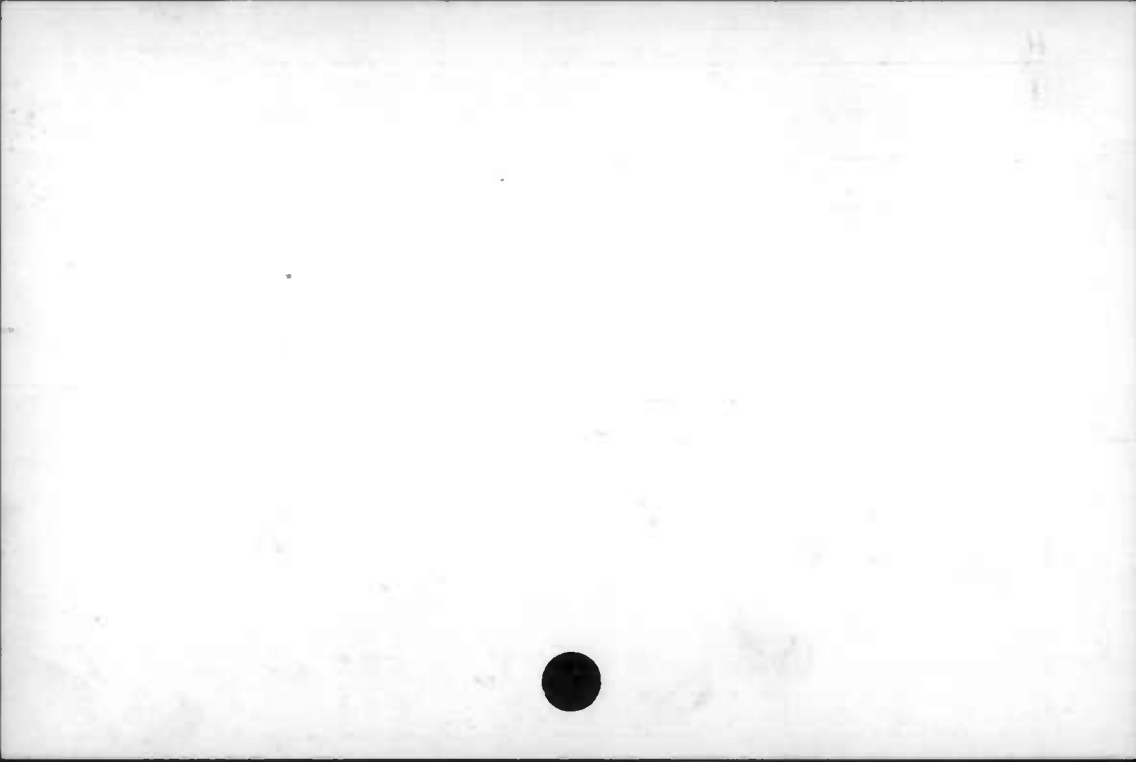
Died at		Town <u>Millstone</u>		County <u>Washington</u>		MARYLAND	
Date of death		190 <u>9</u>	Month <u>March</u>	Day <u>11</u>	Age <u>11</u>	Months <u>11</u>	Days <u>- 20</u>
Sex		<u>male</u>		Color or Race <u>white</u>		Birth-place <u>Millstone</u>	
Occupation <u>infant</u>				Where Residing if not at place of death <u>same</u>			
Married, Single or Widowed		<u>single</u>					
Father's Name		<u>Johnson Shoemaker</u>				Father's Birthplace <u>Millstone</u>	
Mother's Maiden Name		<u>Katharine French</u>				Mother's Birthplace <u>Millstone</u>	
Name of person giving Information		<u>Katharine Shoemaker</u>				How related to deceased <u>mother</u>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>10 days</u>
Immediate	<u>Syncope</u>	How long	<u>submersion</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>H. E. Tabler</u>	
		Address	
		<u>Hancock, Maryland</u>	
Accident or Suicide			



Name
in
Full

William Slaughter

CERTIFICATE OF DEATH

Died at *Hagerstown* ^{Town} *Washington* ^{County} **MARYLAND**

Date of death **1909** ^{Month} *March* ^{Day} *26* Age ^{Years} *45* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Colored* Birth-place *Virginia*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Do not know* Mother's Birthplace *"*

Name of person giving Information *Sol. Summer* How related to deceased *Son*

CAUSES OF DEATH

Primary *Putrid Bronchitis* How long *91* *years*

Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. W. W. W.*

Address *Hagerstown*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

S. K. Lowman

Busy at Billings

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	1909		March		9
	Date of death		Month		Day
	Age		Years		Months
	Sex		Color or Race		Birth-place
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Father's Birthplace		
	Mother's Maiden Name		Mother's Birthplace		
	Name of parson giving Information		How related to deceased		
	CAUSES OF DEATH				
	Primary				
Immediate					
Are the name, age, sex, color, data and place correctly given above?					
Signature of Physician					
Address					
Accident or Suicide					

Lydia A. Smith -

Mapleville Wash.

CERTIFICATE OF DEATH

MARYLAND

1909 March 9 Age 81

Female White- Fred Co.

None Mapleville

Widow Daniel Smith

Jaest Flore Fred Co.

Barbara Flore Fred Co.

Geo W. Smith Son

CAUSES OF DEATH

10

La Grippe 4 Days

Pul. Conges. 4 Days

Yes

S. S. Davis

Boonsboro Md

Accident or Suicide

Briming & Best
Audentation

Name
in
Full

Raymond D. Stockslager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Leitersburg ^{Town} Washington ^{County} **MARYLAND**

Date of death 1909 ^{Month} Mar ^{Day} 18 ^{Years} 5 ^{Months} 3 ^{Days} 7

Sex Male Color or Race White Birth-place Chewsville Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____

Father's Name David M. Stockslager Father's Birthplace Funkston, Md

Mother's Maiden Name Catharine Sheffler Mother's Birthplace Waynesboro Pa.

Name of person giving Information William Stockslager How related to deceased Uncle

CAUSES OF DEATH

8

Primary Measles How long Three days

Immediate Pneumonia How long one day

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician J. H. Wishard Address Leitersburg Md.

Accident or Suicide ☐

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Towns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Pleasant Valley</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1909	Month	3	Day	9	Years	71
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pleasant Valley</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Pleasant Valley</i>					
Married, Single <i>Married</i>		Name of Wife or Husband <i>Solomon Towns</i>					
Father's Name <i>Daniel Smith</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Peggy Harrow</i>		Mother's Birthplace <i>Not Known</i>					
Name of person giving information <i>Solomon Towns</i>		How related to deceased <i>Husband</i>					

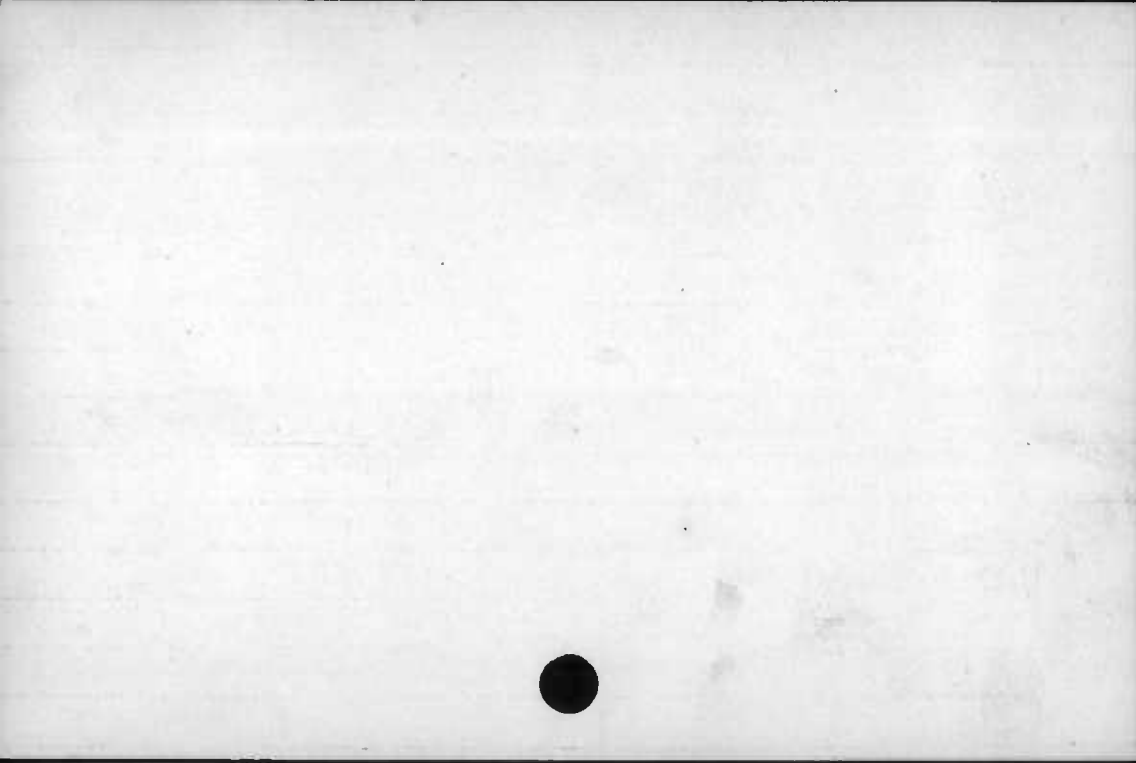
CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>4 days</i>
Immediate	<i>Ordema of lungs</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. M. D. Keffer</i>	
		Address <i>Smithsburg Maryland</i>	

Attest as follows?



Name
in
Full

Margaret Lee Wade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

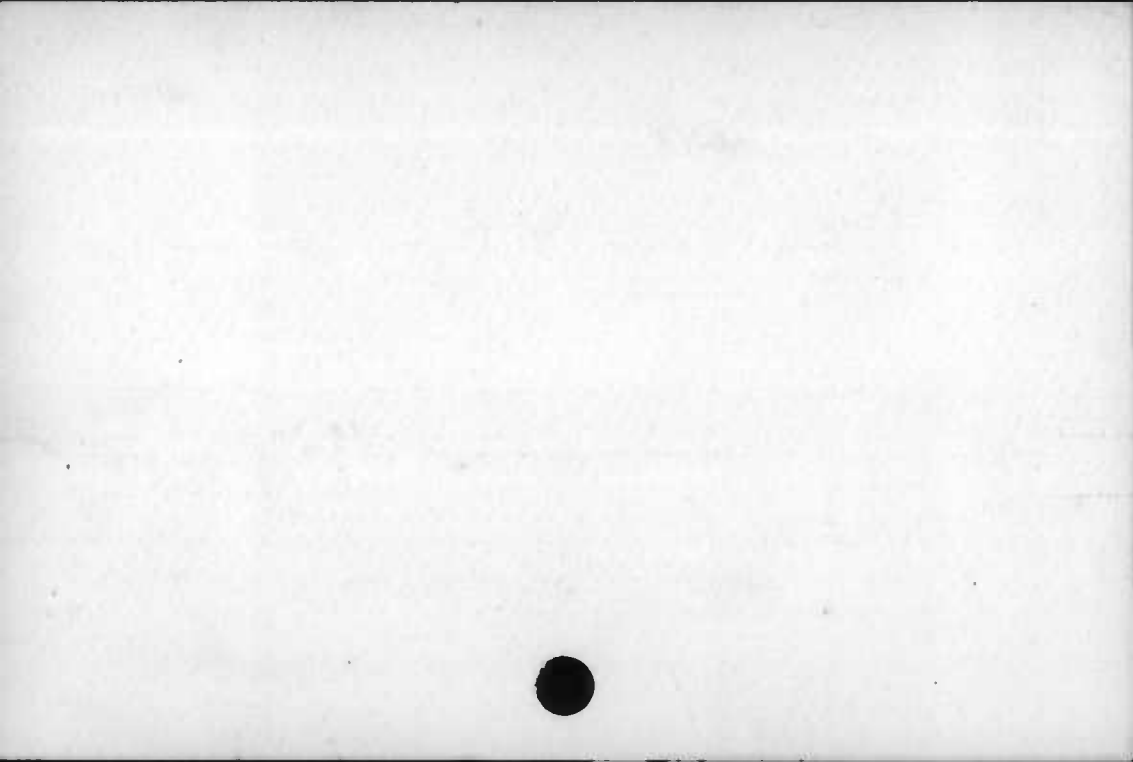
Died at <i>Highfield</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i> <small>Year</small>	<i>Mar.</i> <small>Month</small>	<i>10th</i> <small>Day</small>	Age <i>2</i> <small>Years</small>	<i>11</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Highfield Md</i>			
Occupation _____			Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed _____		Name of Wife or Husband _____ <i>Md</i>			
Father's Name <i>Edward L. Wade</i>			Father's Birthplace <i>Washington Co</i>		
Mother's Maiden Name <i>Annie Mary Mc Lain</i>			Mother's Birthplace <i>Washington Co</i>		
Name of person giving information <i>Nellie Wade</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>10 days</i>
Immediate <i>Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. L. Wachter</i>
	Address <i>Sabillasville Md.</i>
Accident or Suicide?	



Name
in
Full

Thomas Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Nash		MARYLAND	
Date of death		1909	Month Mar.	Day 24	Age 100	Months —	Days —
Sex Male		Color or Race Colored		Birth- place Leitersburg			
Occupation Farm-hand		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Sarah Ward	
Father's Name		Unknown		Father's Birthplace		Leitersburg	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving In formation		Sarah Ward		How related to deceased		Wife	

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	Dropsy General	How long	2 years
Immediate	Senile Debility	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. B. Wilson, M.D.	
Address		159 1/2 N. Jonathan St. Hagerstown Md.	
Accident or Suicide?		no.	

Coffman
Williamport

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Rose L Weaver		Town Hagerstown		County Washington		MARYLAND					
Died at Hagerstown		Month 3		Day 4		Years 22		Months —		Days —	
Date of death 1909		Sex Female		Color or Race White		Birth-place md					
Occupation Mill Operator				Where Residing if not at place of death —							
Married, Single or Widowed Single				Name of Wife or Husband —							
Father's Name Charles Weaver				Father's Birthplace md							
Mother's Maiden Name Alice Lancaster				Mother's Birthplace md							
Name of person giving information Alice Weaver				How related to deceased Mother							

CAUSES OF DEATH

(61)PHYSICIAN
OR CORONER

Primary Repts meningitis	How long 2 wks
Immediate & haemorrh	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. M. Webb
	Address Hagerstown
Accident or Suicide?	

Coffman
Clearing

Name
in
Full

Charles Edward Weisenburg

CERTIFICATE OF DEATH

Died at

Hagerstown

Washington

MARYLAND

Date
of death

1909 March

Day
12

Age

Years

Months

3

Days

Sex

Male

Color or
Race

White

Birth-
place

Hagerstown

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Thomas H. Weisenburg

Father's
BirthplaceMorgan Co
Md. Va.Mother's
Maiden Name

Liddie B. Tellers

Mother's
BirthplaceJefferson Co
Md. Va.Name of person giving
Information

Thomas H. Weisenburg

How related
to deceased

Father

CAUSES OF DEATH

92

Primary

Broncho Pneumonia

How long

48 hours

Immediate

Eczema & Lumps

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

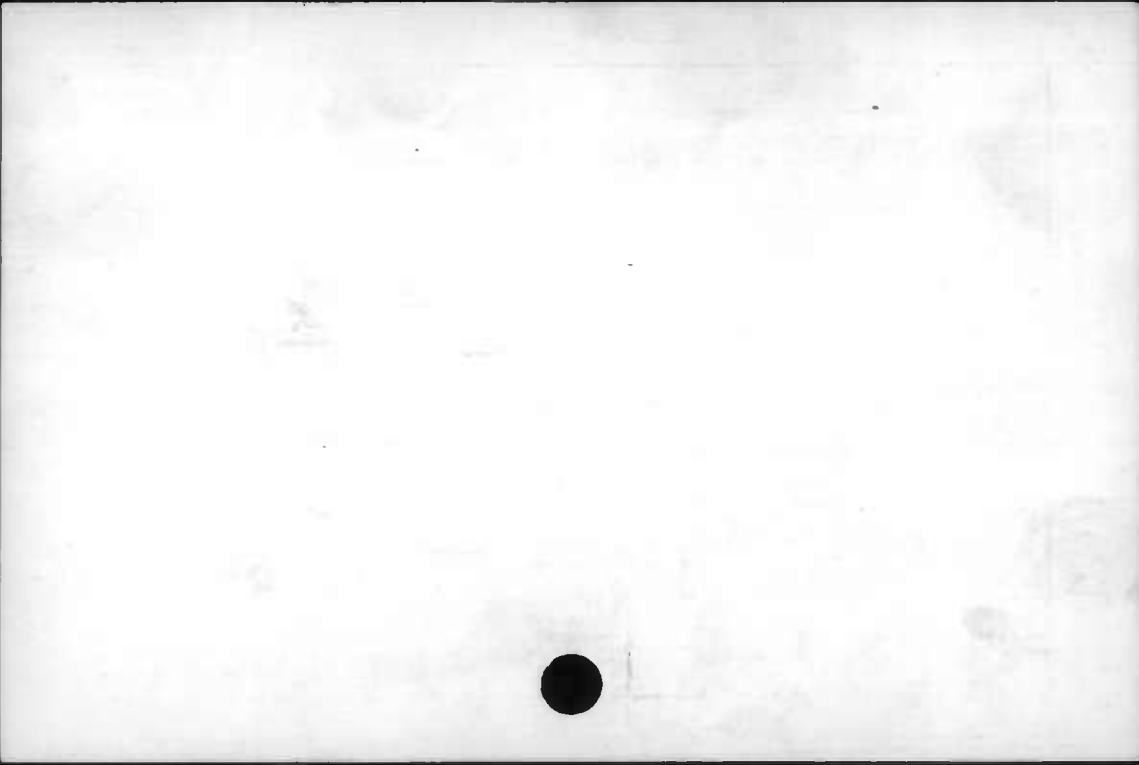
Signature of
Physician

H. S. Meisley

Address

Hagerstown, Md.

Accident or Suicide



Name
in
Full

Mrs Mary E White

CERTIFICATE OF DEATH

Died at *Hagerstown* Town *Wash* County **MARYLAND**

Date of death 190*7* Month *3* Day *5* Age *29* Years Months *11* Days *19*

Sex *Female* Color or Race *white* Birth-place *md.*

Occupation *H. W.* Where Residing if not at place of death *_____*

Married, Single or Widowed *widow* Name of ~~Wife~~ Husband *Newton White*

Father's Name *John A. Socks* Father's Birthplace *md.*

Mother's Maiden Name *Sarah J. Young* Mother's Birthplace *"*

Name of person giving information *John Socks* How related to deceased *father.*

CAUSES OF DEATH

Primary *Puerperal Sepsis*

Immediate *of haemorrhage*

How long *one wk*

How long *one day*

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

J. M. Wutz

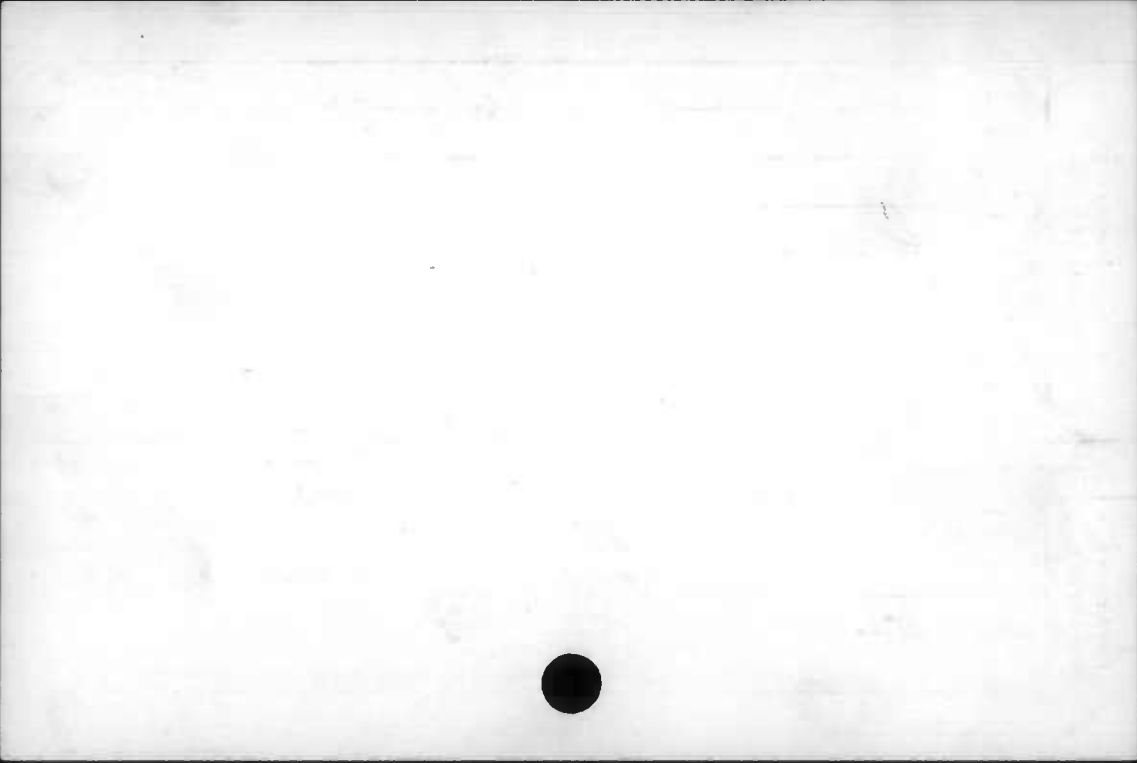
Hagerstown

md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

6



Name in Full Annie E. Wilhelm		CERTIFICATE OF DEATH	
Died at Hagerstown Town Washington County		MARYLAND	
Date of death 1909 Month 3 Day 14 Age 39 Years Months 4 Days 3			
Sex Female Color or Race White Birth-place Md.			
Occupation Housewife Where Residing if not at place of death			
Married, Single Single Name of Wife Chas. H. Wilhelm Husband			
Father's Name John P. Stone Father's Birthplace Md.			
Mother's Maiden Name Mary Bowers Mother's Birthplace Md.			
Name of person giving information Chas. H. Wilhelm How related to deceased Husband			
CAUSES OF DEATH			
Primary Carcinoma of the breast How long 6 years			
Immediate La Grippe and heart failure How long 3 days			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. H. E. Hoff		
	Address Hagerstown		
Accident or Suicide?	2nd		

Coffman
Rock Hill;

Name
In
Full

Infant. J. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hannock		County Wash		MARYLAND	
Date of death		1909	Month 3	Day 24	Years 0	Months 3	Days 6
Sex Male		Color or Race white		Birth- place Hannock			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Joshua Wilson				Father's Birthplace Berkly Sping			
Mother's Maiden Name Mahaly Snyder				Mother's Birthplace Mill Stm			
Name of person giving in formation				How related to deceased			

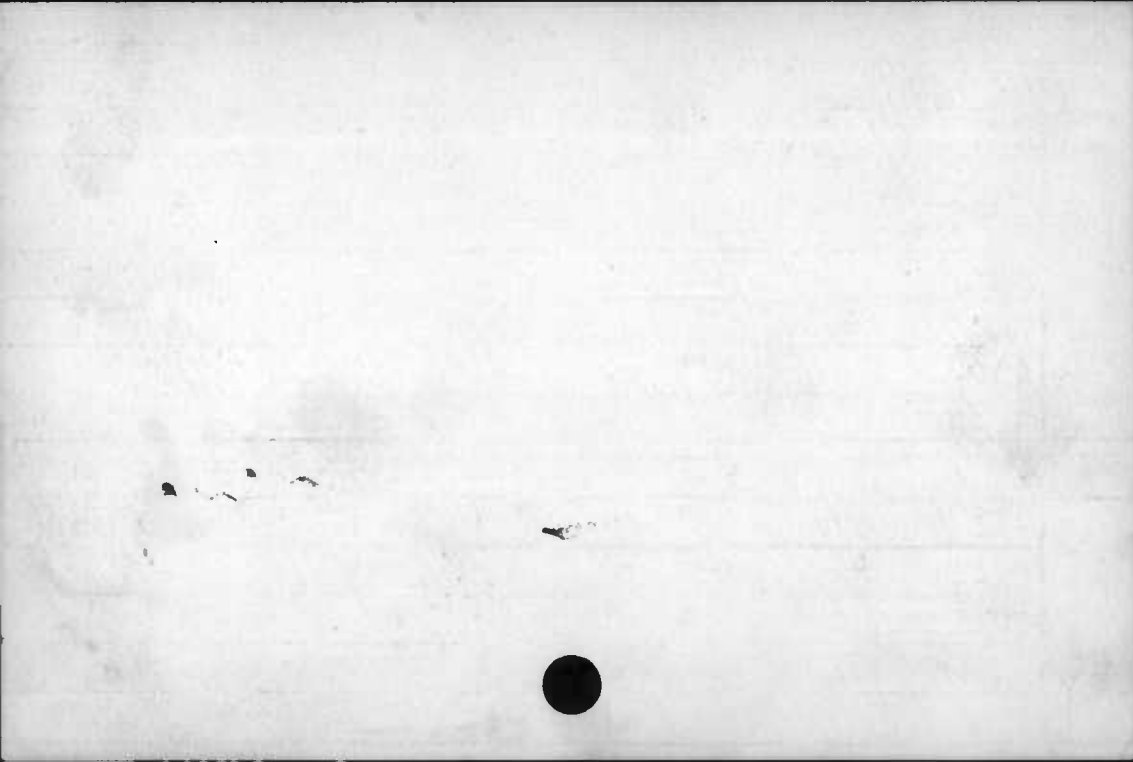
La Grippe.

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Catarhal Fever	How long	1 week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address Hannock	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Premature Child of Meryl Wilson		Town		County		MARYLAND	
Died at Hagerstown		Washington					
Date of death	1909	Month	3	Day	24	Age	Years
						Months	Days
Sex Male		Color or Race White		Birth-place		Md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Meryl Wilson		Father's Birthplace Va					
Mother's Maiden Name Nina Hawkins		Mother's Birthplace Md					
Name of person giving Information				How related to deceased		Mother	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	21 hrs
Immediate	Exhaustion	How long	"
Are the name, age, sex, color, date and place correctly given above?		g/f	
Signature of Physician		W.D. Miller	
Address		Hagerstown	
Accident or Suicide			

L. M. Watkins

Name
in
Full

Elvira Saporin Wise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death	1909	Month	3	Day	4
Age	79	Years	5	Months	9
Sex	female	Color or Race	white	Birth-place	Md.
Occupation	Lady of Leisure		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Richard Wise			Father's Birthplace	Md
Mother's Maiden Name	Sarah Cline			Mother's Birthplace	11
Name of person giving information	Eliza Wise			How related to deceased	sister

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial Nephritis		How long	Years
Immediate	Uraemic Coma		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Address		
Accident or Suicide		No		

